

**APPLICATION FOR INDIVIDUAL FACULTY DEVELOPMENT GRANT
The University of Tennessee at Chattanooga**

Name _____ Date _____

E-Mail _____ Phone _____ Dept. Mail Code _____

Department _____ Rank _____

Number of years at UTC _____ Year of most recent Faculty Development Grant _____

Brief Title of Project: _____

Dates of Proposed Activity: From: _____ to _____

Location: _____

Funds Requested: _____

Budget:

Please fill out the table:

Item	Amount
Airfare	
Lodging	
Per Diem	
Ground Transportation	
Registration	
Other (specify)	
Total	

Other Sources of Funds for this activity.

(Indicate the amount and sources of other funds applied for and/or received.)

Applied for: _____

Received: _____

1. Describe the primary objectives and expected outcomes of the requested grant. Please provide information which will distinguish your request from others which may be similar. If possible, attach a brochure or any other materials that provide specifics about the nature of the development opportunity in which you wish to participate. Indicate the value of the activity for you as a faculty member, for your department and college, and for the University. If possible, indicate how the accomplishments of the activity will be evaluated.

2. Out of the many kinds of professional development available, explain why this particular activity has been chosen.

3. List any previous grants from the University of Tennessee at Chattanooga within the past three years.

Title	Source	Amount	Year
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Have you completed all project(s) listed above and supplied final reports? Yes No

Signature of Applicant _____

REVIEW OF REQUEST

DEPARTMENT HEAD

Recommend

Do Not Recommend

Comments (If approval is noted for a leave, indicate how the department would plan for the absence of the faculty member):

Dept. Head Signature

Department

Date

DEAN OR DIRECTOR

Recommend

Do Not Recommend

Comments:

Dean/Dir. Signature

Unit

Date