

# Social Sciences Division Fellowship Award for Professional Development

**PART ONE:** *To be completed by the individual requesting professional development*

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Name of requested professional development opportunity: \_\_\_\_\_

Cost for this course/ program: \_\_\_\_\_ Dates: \_\_\_\_\_

*The Dean's Staff Development Program supports up to \$300 in matching funds per academic year, matching the department's contribution.*

Please provide justification for this development award as related to your current position and/or related future professional goals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If time in attendance to this course is not approved as time worked, and attendance is scheduled during working hours, designate below what special arrangements have been made:

\_\_\_\_\_ Course/training is not during working hours      \_\_\_\_\_ Will use accrued vacation and/or comp-time

\_\_\_\_\_ Adjusted work schedule      \_\_\_\_\_ Time off without pay

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

**PART TWO:** *To be completed by department*

Supervisor's Approval: \_\_\_\_\_

<i>Signature</i>	Print	Date
Approval of Department Head/Director/Principal Investigator: _____		
<i>Signature</i>		

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department FOAPAL(s): \_\_\_\_\_ Total to be charged: \_\_\_\_\_

Division FOAPAL: 19900-405009-SSSSED Total to be charged (max. of \$300): \_\_\_\_\_

**PART THREE:** *To be completed and signed by the Division*

Finance: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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