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| ***Professional Development Funding Application*** |
| 1. **Attach a copy of your most recent Professional Development Plan.**
2. **Attach copies of brochures, online printouts or other information available for your event.**
3. **Submit application to Professional Development Academy (PDA) Office at least 45 business days prior to the event.**
4. **Incomplete forms will be returned, which may result in funding delays.**
 |
| **Name:**Click here to enter text. | **Department:**Click here to enter text. | **Indicate Status:**Choose an item. | **Date Submitted:**Click here to enter a date. |
| **Type of Activity:** Choose an item.* **Name of Activity:** Click here to enter text.
* **Date:** Click here to enter a date.
* **Location:** Click here to enter text.

**Itemized Cost: (*PDA requires ALL requested funding to be itemized)***

|  |  |
| --- | --- |
| **Registration:** | **0** |
| **Travel (flight, mileage, etc.):** | **0** |
| **Hotel (no state taxes for Texas hotels):** | **0** |
| **Meals/Per Diem:** | **0** |
| **Parking:** | **0** |
| **Taxi/Shuttle:** | **0** |
| **Other:**  | **0** |
| **\*TOTAL ESTIMATED COST:** | **$ 0.00** |

**\*To automatically calculate your total, enter all applicable amounts in the blue cells, leaving zeroes when needed. Then, highlight the yellow area, right-click, and select “Update Field.” This must be done each time changes are made to the amounts in the blue cells.** | ***For PDA Office Use Only:**** **PDA funding received this fiscal year:**
* **PDA funding received last fiscal year:**
 |
| **Approval Signatures:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Department Chair/Supervisor****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Dean****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Vice President for Instruction****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****President (for out-of-country travel)****PDA Signature: Approved? \_\_\_\_Yes \_\_\_\_No*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Comments*:** |
| **In the space below describe the activity and explain how you expect it to help you achieve your professional development objectives. Make specific reference to the relevant objectives on your Professional Development Plan. Keep in mind that funding is contingent on your response and that it will be reviewed by an interdisciplinary committee whose members may not have expertise in your particular discipline. The space below will expand as you write.** |