**Application for Locally-held Faculty Development Activity**

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|  | | | | |
| Faculty Name: | Title: | | | Department: |
| Email: | | |
| Activity Title: | | | | |
| Date (period) of activity: | | Venue: | | Estimated Budget (attach details): |
|  | | | | |
| Description of activity: | | | | |
| Does it fit within the department’s FD priorities, and how? | | | | |
| Who will lead/conduct the activity? | | | | |
| Who will attend it: | | | | |
|  | | | | |
| How will the Faculty (and students) benefit from it for teaching and/or research? | | | | |
| Other information: | | | | |
| Signature of Applicant: | | | Date: | |
| Department Chair’s input: | | | Signature: | |
| Date: | |