**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: |