COVER SHEET FOR 2023-2024 AF PROFESSIONAL DEVELOPMENT AWARD APPLICATION

Name of Applicant**:** _____
                          Printed Name   Academic Title(s)

Number of years of continuous service in academic title(s) _____

Title of Proposal**:** _____

Applicant's Signature: _____

Quarter or Timeframe Desired: _____

Home Department: _____

Phone: _____ Email _____

Previous Professional Development Award Received? Yes_____ No_____Date_____

This project will be administered by the Department of _____

Department Administrative Contact: _____
                                         Printed Name   Email   Phone

Department Chair Signature: _____
                                   Department Chair applications must be signed by Dean

Dean's Signature: _____
                        Dean's signature only required if Department Chair is the applicant

Proposal Check List

_____Cover Sheet (signed)

_____Service Activity in the last four years (if applicable)

_____Proposal (5 pages maximum, single-spaced)

_____List of Publications in the last four years (if applicable)