

**COVER SHEET FOR 2025-26 UNIT 18
PROFESSIONAL DEVELOPMENT AWARD APPLICATION**

Name of Applicant: _____
Printed Name Academic Title

Category A: Support Funds Only _____ Category B: Paid Instructional Leave _____

Title of Proposal: _____

Applicant's Signature: _____

Quarter Desired, if applicable for Category B: _____

Home Department: _____

Phone: _____ Email _____

Have you received previous Professional Development Awards? Yes: _____ No: _____

If yes, please list all dates: _____

Length of service (number of quarters). _____

This award will be administered by the Department of _____

Department request for replacement funding: _____
Indicate dollar amount and include specifics in Director/chair's letter

Department Administrative Contact: _____
Printed Name Email Phone

Department Chair Signature: _____

Dean Signature: _____
Only Required for Category B: Paid Instructional Leave

Category A Application Check List

____ Cover Sheet (signed)

____ Proposal (1-2 pages)

Category B Application Check List

____ Cover Sheet (signed)

____ Proposal (2-5 pages)

____ Director/Chair's letter