

Faculty Professional Development Application Form

PLEASE READ THE PROFESSIONAL DEVELOPMENT FUND FOR FACULTY POLICY BEFORE SUBMITTING YOUR APPLICATION.

EMPLOYEE INFORMATION

NAME: _____

EMPLOYEE NUMBER: _____

DEPARTMENT: _____

TELEPHONE: _____

E-MAIL: _____

STATUS: (check all that apply)

| Permanent

| Full-time

| Regular Sector

| Continuing Education

DESCRIPTION OF THE ACTIVITY

| Credit Course (s)

| Non-Credit Course(s) not offered at Dawson *

| Workshop / Seminar

| Conference / Colloquium

| Trade Show / Exhibit

| Self-directed activity

Examples of self-directed activities include field projects involving travel, research for which no funds are available from other sources, etc. A full description of the self-activity is required on the next page of this application.

| Other:

**Applicants must take courses offered at the College whenever possible*

Activity Start Date: _____
yyyy / mm / dd

Activity End Date: _____
yyyy / mm / dd

ESTIMATED EXPENSES OF THE ACTIVITY

Tuition \$ _____

Registration \$ _____

Accommodation \$ _____

Transportation** \$ _____

Meals \$ _____

Other: _____ \$ _____

Total Cost \$ _____

Funds from other sources \$ _____

Total amount requested \$ _____

****Transportation costs are not covered for activities taking place in Montreal.**

FOR PDFC ADMINISTRATIVE USE

Applicant #: _____

Date received: _____

Workload: _____

Current allocation (\$): _____

Approved: Yes ☐ No ☐

Approval date: _____

Amount approved (\$): _____

To be paid on: _____

Please provide:

1. A name for the activity
2. A link to the activity's URL website (attach additional documents if necessary)
3. Describe how the activity is specifically relevant to pedagogy and/or professional development in the area that you teach.
4. If applicable, describe how your participation in the activity requires more than simple attendance. What is the instructional development component of the activity?
5. If applicable, describe how any instruction you receive is geared towards you as a College-level instructor.
6. If applying for a similar activity as in a previous year, how is this year's activity different?

By signing below you certify that you have read the Professional Development Fund for Faculty Policy and agree to the terms listed below. *All boxes must be checked and application signed by the applicant in order to be considered.*

- ☐ I will send a copy of this application to my department chairperson. I may be asked to submit a brief post-activity report to my department chairperson and the Professional Development Fund Committee (PDFC), and circulate it among faculty members as appropriate. ***All self-directed activities require that a report be submitted to the PDFC.***
- ☐ I understand that reimbursement will be made upon completion of the activity, submission of original receipts, and if requested, submission of a post-activity report. ***Receipts must be submitted within 60 working days of completion of the activity.***
- ☐ I understand that authorization from my sector dean is required if this activity requires leave during classroom activities. I understand that without my sector dean's approval for leave, the processing of this application may be delayed.

Signature of Applicant : _____

Date: _____