

Old Dominion University
Faculty Development Funds
 Application/Cover Sheet

FACULTY APPLICANT: _____ PHONE: _____ DATE: _____
 DEPARTMENT/SCHOOL: _____ COLLEGE: _____
 TITLE OF PROPOSAL: _____
 BUDGET REQUEST: \$ _____

Type of Proposal (Check all that apply):

Teaching Effectiveness Workshop Instructional Materials Development Expenses for External Experts
 Topic Workshop Summer Award Other:

PREVIOUS FACULTY DEVELOPMENT AWARDS RECEIVED:

	Award
_____	\$ _____
_____	\$ _____
_____	\$ _____

Comment(s): _____

Signature: _____ Date: _____

DEPARTMENT EVALUATION

[Forward ORIGINAL D Q G F R S \ (with ALL endorsements) and Proposal to Dean]

Evaluation of Chair:

Budgetary Commitment from Department: \$ _____ Signature (Department Chair) _____ Date _____

COLLEGE EVALUATION

[Forward ORIGINAL F R S \ of Application (with ALL endorsements) and Proposal to the Faculty Senate Office Y L D H P D L O W R M P R R G \ # R G X H

Evaluation of Dean:

Budgetary Commitment from College: \$ _____ Signature (Dean) BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB Date BBBBBBBBBBBBBBBBBBBBBB

SCHOLARLY ACTIVITY AND RESEARCH COMMITTEE'S RECOMMENDATION

[Forward H O H F W U R Q L F F R S \ (with ALL endorsements) and Proposal to the Associate Vice President for Academic Affairs]

___ Approved ___ Disapproved AWARD: \$ _____
 Signature (Chair, Faculty Senate Committee D) : BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB Date BBBBBBBBBBBBBBBBBBBBBB

ASSOCIATE VICE PRESIDENT FOR ACADEMIC AFFAIRS' RECOMMENDATION

___ Approved ___ Disapproved AWARD: \$ _____
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