

COUNCIL ON EXCELLENCE
REQUEST FOR PROFESSIONAL DEVELOPMENT/TRAVEL FUNDING

NAME _____

DIVISION _____ Campus _____

START DATE _____ ENDING DATE _____

TOTAL PROJECTED COSTS: \$ _____

AMOUNT REQUESTED FROM THE
COUNCIL ON EXCELLENCE: \$ _____

JUSTIFICATION OF REQUEST: (Include as applicable)

FOR TRAVEL, submit the following: destination, the activity and its applicability to classroom excellence; conference, institution, business, or person(s) to be visited and a **“Professional Leave and Travel Request”** For participation in a professional activity, submit documentation of your participation and the invitation.

Deadline for submission is August 1.

Signature of Requestor

Signature of Dean