



Adjunct Faculty Professional Development Fund Application Form

INSTRUCTIONS: To be completed by the Local 7902 adjunct faculty member requesting funds and submitted with all supporting documentation to the [appropriate administrator](#). **All fields are required.**

ADJUNCT FACULTY INFORMATION				
Last Name	First Name	Middle Initial	University ID (N) Number	
Mailing Address		City	State	Zip Code
School/College & Department/Unit		Email address		Telephone Number

PROFESSIONAL DEVELOPMENT ACTIVITY		
Provide the following information regarding the professional development activity. Attach supporting documentation. See this webpage for more information.		
Organization Name (if applicable):	Activity/Event Title:	Dates:
Please provide a statement describing how this experience will contribute to your New York University adjunct professional development as it pertains to your teaching, artistic, scholarly, or other intellectual production.		

ALLOCATION AND EXPENSES	
Provide an itemized cost breakdown of planned expenses for the total dollar amount requested. Attach an additional page if necessary. In the amounts column, please include an estimated amount. Exact amounts are not necessary.	
Expense Description	Amount
TOTAL EXPENSE	
TOTAL AMOUNT REQUESTED (Max. \$1,250)	
RECEIPTS REQUIRED	Itemized receipts must be sent to the appropriate administrator within forty-five (45) days from the date of the event's completion.

ADJUNCT FACULTY MEMBER'S SIGNATURE	DATE

Department Use Only	Appropriate Administrator Signature	Date