

## **Full-Time Faculty Professional Development Fund Request Form**

**INSTRUCTIONS FOR SECTIONS 1A – 1D:** To be completed by the faculty member requesting funds and submitted with all supporting documentation to his/her associate dean. **All fields are required.** 

SECTION 1A – FACULTY INFORMATION				
Last Name	First Name			Middle Initial
Mailing Address	City		State	Zip Code
Email Address		Telephone No	).	
Academic Unit		Date of Hire		Academic Year
SECTION 1B – PROFESSIONAL DEVELOPMENT ACTIVITY				
Provide detailed information regarding the professional detailed, location, meeting/event title, books, resources, brief statement describing how this item/experience will contrib pedagogy. Attach supporting documentation and an additi Professional Development Fund document and NYU's Expe appropriate expenses.	f descriptions of item/a oute to your profession ional page if necessary.	ctivity, etc. In al developmen Please refer to	addition, i t in your fi o the SPS	include a brief eld of study or Full-Time Faculty

	OCATION AND EXPENSES			
	ed cost breakdown of planned expenses for the total dollar amount requested. Attach a			
·	amount column, please include an estimated amount. Exact amounts are not necessar			
Expense Descript	on	Amount		
	TOTAL EXPENSE			
	TOTAL AMOUNT REQUESTED			
DECEMBE	To initiate the reimbursement process, original itemized receipts, train and airline boa conference badges with a copy of the request form with all required signatures must be SPS Office of Budget and Accounting, 7 East 12th Street, Room 1225, New York, NY 100 receipts cannot be accepted.	th a copy of the request form with all required signatures must be submitted to the and Accounting, 7 East 12th Street, Room 1225, New York, NY 10003. Copies of		
RECEIPTS REQUIRED	I Drotoccional dovolonment expenses incurred in excess at \$2500 in any given academic year are considered			
	Deadline for submission of original itemized receipts and other required documents to and Accounting is thirty (30) days from the date of the activity.	the Office of Budget		
SECTION 1D - FA	CULTY MEMBER'S SIGNATURE	DATE		
SECTION 15 TA	COLIT MEMBER 3 SIGNATORE	DAIL		
INSTRUCTIONS FOR SECTIONS 2A – 2B: To be completed by the associate dean. All fields are required.				
SECTION 2A – ASS	SOCIATE DEAN'S REVIEW			
Describe how the professional development opportunity will contribute to the faculty member's development and field of study or pedagogy.				
SECTION 2B – ASS	SOCIATE DEAN'S SIGNATURE	DATE		
OFFICE OF ACADE	MIC AND FACULTY AFFAIRS USE ONLY			
Date Received				

**Expenses Reviewed**