

Faculty Development
Application for Doctoral Training/Professional Certification

1a. Name of Applicant (*Last, First, Middle Initial*)

1b. Social Security Number

2a. Department

2b. School

2c. U.S. Citizen, U.S. Noncitizen or Permanent Resident of U.S.

2d. Present Mailing Address

2e. Permanent Mailing Address

Street

Street

City

City

State

Zip Code

State

Zip Code

2f. Home Telephone Number

2g. Office Telephone Number

3. Initial Employment Date

3a. Rank when hired

3b. Current Academic Rank

3c. Tenure Status

4. Institution Where Enrolled

5. Degree Program

6. Amount of Award Requested (*1 yr*)

7. Proposed Award Duration (*months*)

8. Application for (*Doctoral or Professional Certification*)

9. Indicate goals for each year of academic work. Specify in detail those for first year. (*Awards are for one year; they are renewable based upon quality of performance and amount of work required for doctoral completion.*)

10. How will this training contribute to the goals and objectives of your department?

11A. Itemize all expenses. *(Include Tuition, Fees, Maintenance, Travel)*

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11B. Indicate other sources of funding applied for and/or received for the proposed study.

Name of Program	Type of Support <i>(Fellowship/Grant)</i>	Dates of Submission	Period of Award	Amounts

12. Educational background and professional experience, publications and scholarly works, research initiatives, memberships in professional organizations, community and University service, honors and awards (*attach current curriculum vitae with all relevant information*).

A. Department Chairperson

Signature

B. School Dean

Signature

C. Faculty Member

Signature

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Date Received		
Date Reviewed		
Action Taken		Date
Amount Recommended		Date