

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 and 1 copy (with ALL endorsements) and Proposal to Dean]

Evaluation of Chair:

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

COLLEGE EVALUATION
 [Forward ORIGINAL copy of Application (with ALL endorsements) and Proposal to the Faculty Senate Office via email to jmoody@odu.edu]

Evaluation of Dean:

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

SCHOLARLY ACTIVITY AND RESEARCH COMMITTEE'S RECOMMENDATION
 [Forward electronic copy (with ALL endorsements) and Proposal to the Associate Vice President for Academic Affairs]

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

ASSOCIATE VICE PRESIDENT FOR ACADEMIC AFFAIRS' RECOMMENDATION

Approved Disapproved AWARD: \$ _____
 Signature (Associate Vice President for Academic Services) : _____ Date _____