

CHHS Faculty Travel Proposal Form

Marywood University

Submission dates to follow for CHHS Faculty Travel Funds

September 15th (July to October activities); **January 15th** (November to February activities); **April 30th** (March to June activities)

Maximum Amount to be requested: \$800

Amount requested from CHHS Faculty Travel Fund for this activity:		\$
Amount received from CHHS Faculty Travel Fund this fiscal year prior to this request:		\$
Name:	Full-Time <input type="checkbox"/>	Pro Rata <input type="checkbox"/> Date:
Home Address:		
Department		
<p>1. ACTIVITY: Please describe the activity for which you are requesting Travel funds. Be brief, but as complete as necessary to explain your request to the members of the committee. If you will be delivering a presentation at a professional conference, please attach a copy of documentation (e.g. letter of acceptance or program schedule).</p>		
Location of Activity:		Date of Activity:
<p>2. In brief, please describe the rationale for your conference participation/attendance:</p>		
<p>3. Have you received any departmental funds this fiscal year for travel or other professional development? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? \$ _____ If no, why not?</p>		
<p>4. Which of the following categories in your judgment best describes this activity? (select <u>one</u>)</p> <p><input type="checkbox"/> Course for Degree</p> <p><input type="checkbox"/> Course for Personal Enrichment</p> <p><input type="checkbox"/> Research or Creative Endeavor</p> <p><input type="checkbox"/> Off-Campus Professional Visit</p> <p><input type="checkbox"/> Presentation at Workshop/Conference</p>		<p>5. Detail to the extent that you are able, the expense of this activity you wish to have covered by the CHHS Faculty Travel Fund:</p> <p>Tuition or fees \$ _____</p> <p>Travel \$ _____</p> <p>Lodging \$ _____</p> <p>Meals \$ _____</p> <p>Other* \$ _____</p> <p style="text-align: right;">TOTAL: \$ _____</p>
<p>Less Departmental, School, or other Funds Amount \$ _____</p> <p>requested from CHHS Faculty Travel Fund \$ _____</p> <p>* Please describe "other" expense(s).</p>		

6. FACULTY AGREEMENT: I hereby agree to all the terms of policy and procedure as published in the Faculty Manual

Signature: _____ Date: _____
(Faculty Member)

7. DEPARTMENTAL AUTHORIZATION: This proposal is coordinated with the goals of the Department.

Signature _____ Date: _____
(Department Chair. If the proposer is the chair, signature of appropriate Dean)

8. CHHS FACULTY TRAVEL COMMITTEE APPROVAL

Please Note: Submit a hard copy (electronic copy will not be accepted) of your CHHS faculty travel request application form to Chair of the Committee, Dr. Lauren Burrows, Communication Sciences & Disorders (CSD), McGowan Center.

1. Dr. Lauren Burrows, Chair of the CHHS Travel Committee, Assistant Professor, Communication Sciences & Disorders, burrows@marywood.edu.

Signature: _____ Date: _____

2. Dr. Sunny Sinha, Co-chair of the CHHS Travel Committee, Assistant Professor, School of Social Work, sinha.sunny@marywood.edu.

Signature: _____ Date: _____

9. DEAN 'S APPROVAL: This proposal needs a final approval from the CHHS Dean, after the proposal is reviewed by CHHS Travel Committee.

Signature _____ Date: _____