



# FACULTY PROFESSIONAL DEVELOPMENT (PD) FUNDS REQUEST FORM

Name of Applicant: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Local: \_\_\_\_\_ Department: \_\_\_\_\_ Application Date: \_\_\_\_\_

Title of conference, course, activity: \_\_\_\_\_

\_\_\_\_\_ beginning: \_\_\_\_\_ duration: \_\_\_\_\_  
*Location & City* *Date* *Number of Days*

The purpose of professional development is to encourage ongoing intellectual growth and scholarly activity, so that faculty members will maintain currency in subject matter, instructional processes, technological developments, learning materials, library holdings and professional skills and competencies **relevant to their position with the College.**

**How will your PD activity meet these purposes (please describe, attach a description and agenda or prospectus):**

### Estimated Expenses:

Travel\* ..... \$ \_\_\_\_\_  
Accommodation..... \$ \_\_\_\_\_  
Meals..... \$ \_\_\_\_\_  
Fees ..... \$ \_\_\_\_\_  
Other (Taxi, mileage, replacement)\$ \_\_\_\_\_  
Total Funds Requested ..... \$ \_\_\_\_\_

Replacement Required?  Yes  No  
How?

*\*If an advance is required, please see the forms portal on DC Connect.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date Signed*

### Recommendation of PD Committee:

PD Funds Approved: \$

PD Cost Centre:

\_\_\_\_\_  
*Signature of Faculty PD Chair*

\_\_\_\_\_  
*Date Signed*

### Recommendation of Administrators:

\_\_\_\_\_  
*Signature of Faculty Administrator or Dean*

\_\_\_\_\_  
*Date Signed*

### Comments: