CAREER DEVELOPMENT PROPOSAL SUMMARY SHEET

1. Name   **2. Date Submitted**

3. Department/Division

4. Campus Phone   **5. Email Address**

6. Name of Activity

7. Location of Activity   **8. Event Dates**

9. Check most appropriate category(ies) for proposed activity

Conference	Workshop	Course
Convention	Lesson	Other

10. Total Funds Requested $

Excluding alternate assignment time. All items should be explained in detail in actual proposal.

Tuition/Registration $	Room/meals $	
Travel $	Number of nights:	
Other $	Number of days:	*(meals @ $36/day)*

11. Alternate Assignment Within Load *(released time)* **Requested**   **S.H. per semester**

12. Is this application based upon areas of improvement identified through assessment?

(Check "Yes" only if a specific need was identified through your 5-Year Review Process)

                 Yes   No

13. CD funds received in past five years and dates of grant/s $
     Please indicate name, date, and location of funded activity/ies

14. SOSA support received in past five years and dates (include S.H.'s and Year/s)

Dean/Director Acknowledgment

Select one: This project is consistent with the expressed direction/mission and needs of the College.
                         This project is NOT consistent with the expressed direction/mission and needs of the College.

_____   _____

Dean's Signature   Date

_____

Print Name of Dean or Director