## **International Travel**

## Faculty Conference/Travel Supplemental Form\*

Funding is competitive and the amount available to be awarded varies from year to year. Maximum funding per faculty member is \$1,000 per year.

Name:		Date:	
Department:	Ext	fulltime	part/time
Name of conference/prof	essional activity (include the nat	me of the sponsoring or	ganization:
	l location:		
Briefly describe the signi work:	ficance of your professional dev	relopment activity and l	now it will engage your faculty
Amount of funding for th	is trip approved by FDC:		
_	he international travel fund:		
Chairperson's recommen faculty responsibilities w	dation: I approve this request and ith this faculty member.	nd have discussed the c	overage of classes and other
Date: Chai	rperson's signature:		Department
*This form is a suppleme travel.	ent to normal requests through F	DC and addresses the h	igher costs of international
	**********	*******	*****
Status of pending request			
	Date of trip:		
Not approved			
Level of funding			
Provost's signature:			