## Divine Word College Request for Financial Assistance for Faculty Development Funds

Name:	Date:	
Depart	ment/Institute:	
Discipli	ine:	
A.	Goal:	
В.	Professional Development – (how will this project benefit both your professional development and that of Divine Word College?)	
C.	Previous Professional Development – (list and describe workshops, conventions, etc. attended in the last two years to the date of this request.)	
D.	Expenses – (list all expenses)	DWC Funds
*	Registration/Tuition fees (attach copy of statement Travel commercial personal/DWC car Lodging Meals (\$35/day living expenses) Miscellaneous TOTAL EXPENSES	ent) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
E.	Department Recommendation I approve program funds in the amount of \$ Comments:	for this request.
Signatı	ure of Department Chair/ESL Director	Date
Approve By: Date Cop	FICE USE:  d Rejected Date  by to Chair/Director Date Copy to I  by to Business Office	Account Number Faculty Member

<sup>\*</sup> Does not apply to courses, seminars, workshops, etc. taken at a local university or college.