

NORTHEASTERN STATE UNIVERSITY
REQUEST FOR FACULTY DEVELOPMENT FUNDS

NAME: _____

SIGNATURE: _____

DEPARTMENT: _____

COLLEGE: _____

DATES OF TRIP: _____

LOCATION: _____

TITLE OF PRESENTATION: _____

CONFERENCE/EVENT TITLE: _____

HOW WILL THE PROPOSED REQUEST HELP YOU ACHIEVE YOUR SCHOLARLY AND PROFESSIONAL OBJECTIVES?

ITEMIZED AMOUNT OF TOTAL EXPENSES:

ITEM	COST
Airfare	
Baggage fees	
Registration	
Lodging	
Mileage	
Per Diem	
Rental Car	
Local Transportation	
Miscellaneous	
Total Cost	

AMOUNT OF FUNDS REQUESTED FROM FACULTY DEVELOPMENT: _____

(In-state \$600, Virtual \$800, Out-of-state \$1000, International \$1000)

AMOUNT OF FUNDS FROM ACADEMIC UNIT: _____

(At least 30% of amount requested from FDC)

ACADEMIC UNIT FOAP: _____

(For transfer of FD funds)

Dean of College Signature: _____ **Date:** _____

Other Sources of Funding: _____

Assistant VP for Academic Affairs Signature: _____ **Date** _____

Faculty Development Committee Chair Signature: _____ **Date** _____

Approved Amount: _____

Denied: _____

Revised 8/2026
ADA Compliant