

**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?**

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**ITEMIZED AMOUNT OF TOTAL EXPENSES:**

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

**AMOUNT OF FUNDS REQUESTED FROM FACULTY DEVELOPMENT:** \_\_\_\_\_

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

**AMOUNT OF FUNDS FROM ACADEMIC UNIT:** \_\_\_\_\_

(At least 25% 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 9/2024