

**APPLICATION FOR
FACULTY PROFESSIONAL DEVELOPMENT TRAVEL GRANT**

Name(s) of Applicant(s) _____ Date: _____

College: _____ Department: _____

MTSU Phone: _____ MTSU Box: _____ Email address: _____

MTSU Start date: _____ Rank _____

Tenure-track _____ Tenured _____ Year Tenured: _____

- I. **PROJECT DESCRIPTION** (including statement of objectives, methods, and timeline) *attach a separate page if necessary:*

II. DISCUSSION OF BENEFITS OF THE PROJECT:

A. TO THE FACULTY MEMBER

B. TO THE UNIVERSITY

BUDGET:

I have received funds from this committee within the last one or two years.

(Check one) No Yes If yes, Academic Year _____

List other grants applied for this academic year:

EXPECTED EXPENSES AND OTHER FUNDING FOR THIS PROJECT

	Committee Amount	Department Amount	Other Source <i>(specify)</i>
A. <u>Registration Fee</u>	_____	_____	_____
B. <u>Mileage</u>	_____	_____	_____
C. <u>Airfare</u>	_____	_____	_____
D. <u>Lodging</u>	_____	_____	_____
E. <u>Taxi/Rental Car</u>	_____	_____	_____
F. <u>Meals and Incidentals</u>	_____	_____	_____
G. <u>Parking</u>	_____	_____	_____
D. <u>Miscellaneous</u> (Please explain.)	_____	_____	_____
Total Funds Requested (A+B+C+D)	_____	_____	_____

E. Additional Explanations (if applicable) of budgeted items shown above.

SIGNATURES:

Applicant: _____ Date: _____

Department Chair: _____ Date: _____

College Dean: _____ Date: _____

Committee Recommendation:

_____ Full Funding _____ Partial Funding _____ Denied

Total Funds Approved: _____

Comments: _____

Chair, Faculty Travel Grants Committee

Date: _____

Vice Provost for Faculty Affairs

Date: _____