

Request for Multicultural Faculty Development Support Funds

Download the fillable PDF form, complete, and return to: Keith Gilyard, 313 Old Main, University Park, PA 16802 Your completed form must be typed

| Name: | Ti | tle: | | |
|---|---|-----------------------------------|-----------------------------|--|
| College: | Office Address: | | | |
| Phone: | Rank: | | | |
| Nature of the proposed activity: (Pleaprofessional meeting; present a seminal | | ; visit library or laboratory; pa | rticipate in a symposium or | |
| List Title of Paper, Symposium, Prese | entation, or Publication: | | | |
| Date(s) of Activity: | | | | |
| Location or Sponsor of Activity: | | | | |
| City | | State | Country | |
| Professional Benefits Expected: (che | ck or complete as appropriate): | | | |
| | t ces of research, development, an 0 for travel and presentations o | r \$2,000 for subvention fee | s): To cover | |
| Matching Funds (if any): | Source: | | | |
| Endorsement by Department/Program support. | n Head if a Co-sponsor. Co-spo | | | |
| | Sig | nature | Date: | |
| | | Print or Type Name | | |
| | | Address | | |
| Signature of Applicant: | | | Date: | |
| PLEASE NOTE: An abstract of your pa thirty (30) days following the completion FOR OFFICE USE: | | | | |
| | | | | |
| o amount approved | DATE | SIGNATURE | | |
| o DISAPPROVED | DATE | SIGNATURE | | |