

Request for SFM Sponsored Faculty Development Support Funds

Download the fillable PDF form, complete, and return to: Senior Faculty Mentors by way of email seniorfacultymtr@psu.edu

Your completed form must be typed

Name: Title:					
College: Office Address: _					
Phone:	:	Rank:			
		ease be specific): present a paper nar, publication of research, etc.	; visit library or laboratory; pa	rticipate in a symposium or	
List Tit	le of Paper, Symposium, Pre	esentation, or Publication:			
Date(s)	of Activity:				
Locatio	on or Sponsor of Activity:				
City			State	Country	
Profess	sional Benefits Expected: (cf	neck or complete as appropriate):			
	□ other (specific) Requested (Not to exceed \$7	S .	or \$2,000 for subvention fee	es): To cover	
Matchii	ng Funds (if any):	Source:			
Endors suppor	, ,	am Head if a Co-sponsor. Co-spo	nsorship is typically requir	,	
		Sig	nature	Dutc.	
			Print or Type Name		
			Address		
Signatı	ure of Applicant:			Date:	
within ti	hirty (30) days following the co	paper/symposium/presentation mus ampletion of the proposed activity a			
FOR OI	FFICE USE:				
O	AMOUNT APPROVED	DATE	SIGNATURE		
0	DISAPPROVED	DATE	SIGNATURE		