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

<table>
<thead>
<tr>
<th></th>
<th>Committee Amount</th>
<th>Department Amount</th>
<th>Other Source (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Registration Fee</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>B. Mileage</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>C. Airfare</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>D. Lodging</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>E. Taxi/Rental Car</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>F. Meals and Incidentals</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>G. Parking</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>D. Miscellaneous (Please explain.)</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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</table>

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: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

________________________________  Date: _________________
Chair, Faculty Travel Grants Committee

________________________________  Date: _________________
Vice Provost for Faculty Affairs