

NORTH CAROLINA A&T STATE UNIVERSITY
Greensboro, North Carolina
OFFICE OF THE ASSOCIATE VICE CHANCELLOR FOR ACADEMIC AFFAIRS

APPLICATION FOR FACULTY DEVELOPMENT GRANT

1 Name: (Dr., Mr., Mrs., Miss) _____ Date: _____

2 Current Address: _____ Telephone Number _____

3 Present Position at the University: _____ Date of Appointment _____

4 College/School/Division: _____ Department: _____

5 Degrees Earned:

Degree	Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

6 List the disciplines in which degrees were obtained: _____

7 List courses that you teach during the academic year: _____

8 Describe your research interest: _____

9 Check the nature of your proposed faculty development activity: Graduate Study; Workshop; Short Course; Other (Describe): _____

10 When will the faculty development activity begin?: _____ End: _____

11 Where will the faculty development activity be held?: _____

12 How many credit hours do you expect to earn if any?: _____

13 What is your purpose for engaging in the proposed activity?: _____

14 I have attached a proposed plan of operation, budget and budget notes for this application which are justifiable, accountable and reasonable: Yes No

Department Chairperson Social Security Number _____

Dean/Director _____ Signature of Applicant _____ Date _____