COLLEGE OF NURSING TRAVEL APPLICATION for FACULTY SERVICES PROFESSIONAL

DEVELOPMENT FUNDS, 2024-2025 ------ (ONE REQUEST PER YEAR PER FACULTY)

Name:		Today's Date:			
Faculty Rank (select one):	Tenure Track	Clinical	Instructional		Post Doc
FTE Appointment:%		Division Head (se	elect one):	Sue Gardner	Lisa Segre
Name of Meeting/Conference:					
Conference link/website:					
Your Attendance will be (select one): Virtual: • City and state of this conference?			-	a, answer the follo	
• Dates of business tr	avel:				
• List any personal tra	avel dates:				
*****YOUR PARTICIPATIO	N (Note what you f	feel your priority nu	umber is in th	e statement area	a below) *****

Priority 1 Funding: (up to \$1,500): Presenting papers, posters, or other scholarly work; receiving an award at national conference where no funding is provided (priority will be given to paper presentations and to first author of paper or poster presentations).

Priority 2 Funding: (up to \$750): Professional development courses related to research, scholarship, or professional advancement.

STATEMENT: describe how the request will contribute to the strategic mission and goals of the College AND how it will facilitate the conduct and dissemination of your scholarship/research endeavors and/or professional development

ESTIMATED EXPENSES: (THIS FUND DOES NOT REIMBURSE MEALS OR MILEAGE TO/FROM DEPARTING AIRPORT.)

TYPE OF EXPENSE	EXPENSE ESTIMATED COST	OTHER FUNDING SOURCE(S): MFK(s), AMTS – startup or prof dev funds
TRANSPORTATION (AIR, CAR, ETC.)	\$	
LODGING	\$	
REGISTRATION	\$	
PARKING	\$	
TAXI/UBER	\$	
TOTAL ESTIMATED EXPENSES =	\$	
****If you have other sources of f	unds, we ask you use those first	before additional funds from this acct****
Evidence of presentation must ac	company TEV for reimb. Send com	pleted form to Brenda Van Dee for review.
or Office of Faculty Services Use O	nly: Priority 1 = \$	Priority 2 = \$

Division Head Approval ______ Date _____

MFK(s):