



Faculty Professional Development Stipend Request Form

(TO BE COMPLETED BEFORE THE PROFESSIONAL DEVELOPMENT IS OFFERED)

Name of Department Offering the Stipend:		Dept ID:	
Requester Name:		Position Title:	
Email Address:			Extension:
Training Title:			
Is this training for one Fiscal Year (July 1st through June 30th) Yes <input type="checkbox"/> Year: No <input type="checkbox"/>			
Description (Please include details of the activity as well as terms and expectations that constitute the completion of the stipend opportunity.) Can the stipend be pro-rated based on completion? If so, please explain.			
Dates of Training:	Maximum Number of Participants:	Approximate Hours:	Stipend Amount per Participant:
MPP Requesting to Offer Stipend: I confirm my office has sufficient funding to offer stipends to the maximum number of participants in this stipend professional development/training opportunity. If approved, I understand that my office is responsible for validating participant completion and sending documentation to Faculty Affairs, to initiate payment of the stipends.			
_____		_____	
MPP Signature		Date	
_____		_____	
MPP Printed Name		Position Title	
_____		_____	
AVP/Dean Signature (if applicable)		Date	
_____		_____	
AVPFA Request Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
_____		_____	
Associate Vice President of Faculty Affairs Signature		Date	