



GRAYSON COLLEGE

Faculty Educational Development Application

Name: _____
Department: _____

Date: _____
Office phone: _____
Email: _____

Have you spent/encumbered the \$300 already allocated to you for the current year: Yes No

Professional Development Activity/Conference (Attach information/flyer):

Date/s of attendance: _____

Location: _____

Estimated Cost:	Travel:	_____
	Meals:	_____
	Registration:	_____
	Hotel:	_____
	Other (Specify):	_____
	TOTAL:	_____

Explain how participation/attendance will benefit:

You: _____

GC: _____

Comments: _____

Applicant

Date

Department Head

Date

Executive Administrator

Date

Chair, Faculty Development Committee

Date

Copies to: Applicant VPBS

1-4193-54100

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To be completed by VPBS

[Empty box for completion]

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