

REQUEST FOR FACULTY DEVELOPMENT TRAVEL FUNDS

Please attach a copy of the conference brochure (with schedule of activities) and/or meeting agenda. A copy of the travel requisition form, indicating an estimate of expenses **must** accompany this request. *Approval is required prior to the travel event.

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| TO: Academic Affairs Tennessee State University 3500 John A. Merritt Blvd. Nashville, TN 37209 | FROM: (Department Name) (Department Box #) 3500 John A. Merritt Blvd. Nashville, TN 37209 |
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Part I. General Information

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|---|--|-----------------------------------|
| Employee and/or Visitor Name: | Employee ID Number (SSN if visitor): T | Date of Departure/Date of Return: |
| Department Name: | College: | Employee's Title: |
| Amount Requested: _____ <div style="text-align: right;">(up to \$1,000.00)</div> | | |
| Conference Location: _____ | | |
| Reason for Request (check one): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Accreditation Purpose <input type="checkbox"/> Conference Committee Member <input type="checkbox"/> Conference Participant <input type="checkbox"/> Conference Presenter </div> <div style="width: 30%;"> <input type="checkbox"/> Faculty Candidate Interview <input type="checkbox"/> Officer in Organization <input type="checkbox"/> Promotion Faculty Preparation <input type="checkbox"/> Research </div> <div style="width: 30%;"> <input type="checkbox"/> Tenure Faculty Preparation <input type="checkbox"/> Other (please explain) </div> </div> | | |
| Detailed description and purpose of travel request: | | |
| Intended faculty development and outcome: | | |
| List journals/other papers, articles, research to be submitted for publication: | | |

Part II. Approvals

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|---|---|
| Tennessee State University _____ Department Chair (or designee) Date | _____ Dean (or designee) Date |
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| Tennessee State University _____ Vice President (or designee) | _____ Date |
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