

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.

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

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 \$2,100.00)</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

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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