FACULTY DEVELOPMENT APPLICATION
Suffolk County Community College

Use this form if you are applying for funding to be used for faculty development.

Faculty development is considered to be, but not limited to, any course(s) or workshops that will enhance your professional performance. **This funding will not be approved for coursework intended to fulfill educational promotion requirements.**

This form shall be submitted to the **Office of the Vice President for Academic and Student Affairs** no later than March 1.

1. Name: _____

2. Current Discipline: _____

3. Degrees:

Degree	Field	Year Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Proposed development area: _____

5. Previous experience and education related to proposed development area:

6. A Professional activity you plan to attend for faculty development: (attach a full description if necessary)

6. B Semester intended for faculty development:
Fall _____ Spring _____ Summer _____

Revised: November 1, 2006

7. A. List goals you hope to achieve in this proposed professional activity:

7. B. Explain how this professional activity will enhance your skills in your discipline or areas of responsibility.

8. Describe how completion of this professional activity will benefit the college.

9. Is there an anticipated cost for your professional development activity? Provide documentation.

10. Anticipated need for released time. Explain.

I have reviewed the contract language (Article V.D.5, (pp29-30) relating to Faculty Development and Retraining Leaves. All questions must be completed in order for your application to be considered. A written report will be required within 8 weeks of completing all course work.

Signature Date