

GRAYSON COLLEGE

Faculty Educational Development Application

Name: Department:		Date: Office phone: Email:		
Have you spent/enc	umbered the \$300 already allocation allocation and the statement of the st		Yes	□ No
	pment Activity/Conference (Att			
Date/s of attendance	:			
Location:				
Estimated Cost:	Travel: Meals: Registration: Hotel: Other (Specify): TOTAL:			
Explain how partici	pation/attendance will benefit:			
You:				
GC:				
Presenting at confer	ence: Yes	No		
Applicant			Date	
Department Chair			Date	
Dean			Date	
Vice President of In	struction		Date	
Chair, Faculty Deve	elopment Committee		Date	
Copies to: Applicant V	/PBS			
	$1-4193-54100 \rightarrow $	e completed by VPBS \rightarrow 1	54100	Revised 9/2017