



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 Chair _____ *Date* _____

Dean _____ *Date* _____

Vice President of Instruction _____ *Date* _____

Chair, Faculty Development Committee _____ *Date* _____

Copies to: Applicant VPBS