



# ELIZABETH CITY STATE UNIVERSITY

Elizabeth City, North Carolina 27909

## Division of Academic Affairs Application for Faculty/Staff Development Funds

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

NUMBER OF HOURS TAUGHT DURING PERIOD OF PROPOSED STUDY: \_\_\_\_\_

UNIVERSITY OR COLLEGE OF PROPOSED STUDY: \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

DEGREE ANTICIPATED: \_\_\_\_\_

ACCREDITING BODY: \_\_\_\_\_

PROPOSED PERIOD OF ATTENDANCE: \_\_\_\_\_ TO \_\_\_\_\_

SEMESTER BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

TUITION: \_\_\_\_\_ COST PER CREDIT HOUR: \_\_\_\_\_

HOURS TO BE ATTEMPTED: \_\_\_\_\_ OTHER FEES/EXPENSES: \_\_\_\_\_

DESCRIPTION OF OTHER FEES/EXPENSES: \_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_ TOTAL AMOUNT REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
CHAIRPERSON DATE

\_\_\_\_\_  
DEAN DATE

APPROVED

AMOUNT APPROVED: \_\_\_\_\_

DENIED

\_\_\_\_\_  
PROVOST/VICE CHANCELLOR FOR ACADEMIC AFFAIRS DATE