



Faculty/Staff Development and Research Request Form

Name: _____

Faculty:

Staff:

Department: _____

Development

Development

Date: _____

Research

Title of Proposal: _____

Description: _____

Requested Amount: _____

Attach additional pages if necessary.

Requestor

Date

Vice President

Date

Supervisor

Date

President

Date

Please submit completed and approved form to Financial Services Slot 52.