**Saint Joseph’s University**

**Adjunct Faculty Development Application Form**

*Please provide all required information, then submit this form to Beth Moran in the Provost’s Office. Please do not incur expenses until you have received confirmation of support from Dr. Peter Norberg, Associate Provost for Faculty and Academic Support. All approved travel must be booked through the university with a budget number that will be provided to you at that time. Reimbursement amount is $500.00, any charges over that amount will not be reimbursed*

Name:       Department:       Date of request:

Employee ID#       Campus phone #       E-mail**:**

1. **Active participation in conferences/professional meetings:**

Title of conference/meeting:       Conference/meeting dates:

Location:

Paper presentation  Poster presentation  Performance/exhibition of work

Title of work presented:

Other Role: Chair  Panelist  Organizer  Officer

Name of Panel/Session:

Please attach proof of your acceptance to participate with confirmation of your role in the conference or meeting, if applicable.

**Cost Estimate for Travel:**

Destination:       Anticipated Travel Dates:

Travel Costs: $      Lodging: $      Meals: $      Registration: $

Other: $      Please explain” Other”:       Total Estimated Travel Costs: $

**PLEASE NOTE**: Any airfare, Amtrak, or car rental charges paid for by the University must be booked through the Concur, the University’s on-line booking tool; otherwise, they will not be reimbursed. Hotel accommodations must also be booked through the Concur unless you are staying at an official conference hotel, which you may book directly.

*The meal per diem is $51. Meal receipts are not required. For other types of expenses of $25 or more, you must submit an original receipt (not a photocopy) to be reimbursed.*

1. **Materials and services related to publishing:**

Indexing  Acquisition of rights to reproduce material  Other publication costs

In the space that follows, please explain what these costs are and why they are necessary in the publication process:

Name of vendor:       Amount requested: $

Please note: The purchase of books or periodicals is not a qualifying expense.

1. **Professional Membership(s):**

Organization       Amount requested: $

Will you be/are you requesting faculty development funding to participate in this

organization’s annual meeting or conference this fiscal year? Yes  No  Unsure

Professional memberships can be subsidized up to a total cost of $200 per fiscal year per faculty member. Please keep this in mind when you are planning to attend a conference during the year for which you may need a membership or for which a membership will reduce your registration fee.

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*Please attach original invoice if requesting payment directly to an organization, or original paid receipt if requesting reimbursement of a non-travel expense. Travel expenses must be submitted upon your return on a Business Expense Reimbursement Form. Credit card statements and receipts that are not itemized cannot be accepted.*

**ALL APPLICANTS**: Please explain briefly how support for the activities/expenditures

above will contribute to your professional growth and development:

Chair’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

(No stamps or electronic signatures, please. Signature indicates chair’s endorsement of this request. Chairs who are applying for funds leave blank for Dean’s signature.)

Revised June 2018