School of Education
Professional Development Funds Application

Name: __________________________ Program: ________________________________

Department: ______________________ Academic Rank: __________________________

Full-Time: ________ Part Time: _________ Tenured: ________ Non-Tenured: ______

Title or brief project description. If this is a conference presentation, please identify the conference, title of your presentation, description of your presentation, and whether you are the primary presenter:

_______________________________________________________________________________
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Total amount requested from Department and Dean’s Office Development Funds: ____________

Project focus: (Check all that apply. Place an asterisk (*) next to the one that you consider the primary focus.)

_____International conference presentation
_____National conference presentation
_____State conference presentation
_____Other academic conference presentation
_____research, project development or data collection
_____workshop development
_____workshop attendance
_____performance or exhibition
_____publication
_____certification/licensure/degree
_____curriculum development
_____instructional development
_____international teaching or research opportunity
_____grant writing or preparation
_____other
Please provide a complete response to each question below if applicable.

A. Itemized budget for the use of funds. Include documentation detailing costs of specific expenses requested. Compensation for meals should be acquired through departmental, foundation or other funding sources.

B. Identify the sources/amounts of other funding requested in the following Proposed Budget chart. Add appropriate items/categories to the chart as needed.

C. How will the results of this activity be shared with or benefit other SOE and/or Ole Miss faculty?

**PROPOSED BUDGET**

Attach support documentation for the expenses detailed below.

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Department Chair Recommendation:

Please rate the value of this project to the department.

_____ No value

_____ Minimal value

_____ Moderate value

_____ High value

Additional comments:

________________________________________________________________________

________________________________________________________________________

_________________________________________  __________________________
Department Chair Signature                  Date
## School of Education Dean’s Recommendation

To be completed by the Dean.

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____________________________________  __________________________
Dean’s Signature                        Date