

Provost Office Use ONLY	
Approved _____	Amount _____
Denied _____	
Contacted by _____	Date _____

REQUEST FOR FACULTY DEVELOPMENT FUNDS

Please allow two weeks for your request to be processed.
Faculty approved for support by the Provost Office may be required to complete a [W-9 form](#).

Name: _____ Department: _____
Telephone Number: _____ Campus Address: _____
E-mail: _____

Brief description of request (if traveling, include purpose of travel, conference name, location, and travel dates):

Full cost of request \$ _____
Amount provided by department \$ _____
Amount provided by college \$ _____
Amount provided by other (please specify) \$ _____
*Amount requested from Provost's Office: \$ _____
*\$500 limit per fiscal year

Approved by:
By typing your name below, you understand and agree that this is valid as your signature.

Department Chair

Dean

Date

Date

If you have any questions, please contact Dalyn Read at 874-4408 or dalynread@uri.edu
NOTIFICATION OF APPROVAL/DENIAL WILL BE COMMUNICATED VIA E-MAIL