

<b>Provost Office Use ONLY</b>	
Approved _____	Amount _____
Denied _____	
Contacted _____	
Date _____	Initial _____

**REQUEST FOR FACULTY DEVELOPMENT FUNDS**

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Brief description of request:

Full cost of request \_\_\_\_\_  
Amount provided by department \_\_\_\_\_  
Amount provided by college \_\_\_\_\_  
Amount provided by other (please specify) \_\_\_\_\_  
Amount requested from Provost's Office: \_\_\_\_\_

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

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

*If you have any questions, please contact Dalyn Read at 874-4408 or [dalynread@mail.uri.edu](mailto:dalynread@mail.uri.edu)*  
**NOTIFICATION OF APPROVAL/DENIAL WILL BE COMMUNICATED VIA E-MAIL.**