

Provost Office Use ONLY

Approved _____ Amount _____

Denied _____

Contact Date _____ BY _____

REQUEST FOR AAUP/ALUMNI FACULTY DEVELOPMENT FUNDS

-Completing this form does not guarantee approval.

-All requests must be submitted prior to travel dates.

-All requests must be matched (at least 1:1) by financial support from College/Department.

**Required information*

*Name: _____

*Department: _____

*Faculty Appointment: _____

*Telephone Number: _____

* E-mail: _____

Campus Address: _____

Brief description of request (if traveling, **must** 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: \$ _____
(\$300 limit per fiscal year)

Approved by:

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

*Department Chair

Date

*Dean

Date

Please submit requests to Debbie Messner at dlmessner@uri.edu
with a cc of your department's admin email as well

**NOTIFICATION OF APPROVAL/DENIAL WILL BE COMMUNICATED
VIA E-MAIL TO THE DEAN'S OFFICE**