

Provost Office Use ONLY

Approved _____ Amount _____

Denied _____

Contact Date _____ BY _____

REQUEST FOR AAUP/ALUMNI FACULTY DEVELOPMENT FUNDS

Completing this form does not guarantee approval.

Please allow a minimum of two weeks for your request to be processed.
All request must also be financially supported by the College / Department.

**Required information*

*Name: _____

*Department: _____

*Faculty Appointment: _____

*Telephone Number: _____

* E-mail: _____

Campus Address: _____

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: \$ _____
(\$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
**NOTIFICATION OF APPROVAL/DENIAL WILL BE COMMUNICATED
VIA E-MAIL TO THE DEAN'S OFFICE**