



CAL MARITIME

Application for Department Faculty Development Funds

Name _____ Date submitted _____

Department _____

Classification _____ (Tenure Track, Tenured, Lecturer FT, Lecturer PT)

Proposed faculty development activity _____

Date(s) of activity _____

Total amount requested _____

(If you overspend the amount requested, you may have to make up the difference.)

Faculty signature

Amount approved _____	Not approved _____
_____	_____
Department Chair	Date

cc. Sianna Brito, Academic Support Coordinator
Academic Dean