Old Dominion University Faculty Development Funds Application/Cover Sheet

FACULTY APPLICANT:PHONE:	DATE
DEPARTMENT/SCHOOL: COLLEGE	
TITLE OF PROPOSAL:	
TITLE OF PROPOSAL:	
BUDGET REQUEST: \$	
Type of Proposal (Check all that apply):	
_ Teaching Effectiveness Workshop _ Instructional Materials Development _ Summer Award	_ Expenses for External Experts _ Other:
PREVIOUS FACULTY DEVELOPMENT AWARDS RECEIVED:	Award
	\$
	\$
	\$
Comment(s):	
Signature: Date:	
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