

FACULTY DEVELOPMENT TRAVEL

(Note: this form works best with Internet Explorer)

NAME:		DATE:
DEPARTMENT: Bioei	ngineering	
PROFESSOR: A	SSOCIATE PROFESSOF	R: ASSISTANT PROFESSOR:
DESTINATION:		· · · · · · · · · · · · · · · · · · ·
PURPOSE:		
DATES (inclusive):		
AMOUNT OF FUNDS	REQUESTED:	
	easons why you should a	attend and how the trip will aid in your Engineering:
SIGNATURE OF APPLI	CANT:	
APPROVED:		APPROVED:
Department Chairman		Swanson School of Engineering Faculty Development Travel
ELIGIBILITY:	Professors Associate Professors Assistant Professors	\$2,000 maximum <u>every three years</u> \$2,000 maximum <u>every two years</u> \$2,000 maximum <u>per year</u>

Please submit this form to the Office of Administration, 151 Benedum Hall, after it has been approved by your Chairman.