

COLLEGE OF LIBERAL ARTS
FACULTY DEVELOPMENT AWARD (FDA) APPLICATION
COVER SHEET

NAME: _____

DEPARTMENT: _____

DATE OF APPLICATION: _____

TITLE OF PROPOSAL:

PREVIOUS COLA FDA FUNDING. Please list the number of times in the last five years that you were granted a COLA FDA. Please list the year in which you were granted (rather than the year you used) the COLA FDA and list the years separately (i.e. (2005, 2006, 2007)).

SEMESTER PREFERENCE: Semester for which you are requesting the reassigned time, if awarded the Faculty Development Award:

_____ Fall Semester

_____ Spring Semester

Your signature below indicates that, if you receive a Faculty Development Award, you will submit a report on the project to the Dean at the end of the awarded semester.

Signature of Applicant

Your Chair's signature below indicates that he/she has been notified you are submitting this application.

Signature of Department Chair