 **Purpose**: Support CEHHS lecturers who are involved in CSUSM activities beyond their normal duties, for purposes of integrating lecturers in the larger fabric of the university. Such professional development activities can include committees, college governance, accreditation work, or special projects, and attending professional conferences.

**Professional Development Funds for Lecturers Involved in CSUSM Activities**

**Limitations:**

* Under normal circumstances, the amount allocated to any one individual for CSUSM activities should not exceed $500 per semester/activity.
* You may apply for these funds for each activity in which you participate in provided the College has funds available.

**Requirements/Eligibility:**

* Lecturers must be assigned a minimum of 6 WTU’s per semester
* Activities must involve significant participation &/or contribution with verifiable proof and/or outcomes

**Procedures:**

1. Applications can be submitted at any time.
2. The Dean’s office, in conjunction with the Chair/Director/Coordinator of the Lecturer’s unit, will review applications when they are received and make awards as long as funds are available.
3. Applications must be submitted as soon as the applicant begins participation in activities for which they are seeking professional development funds.
4. Please include the following in your application
	1. A summary of the proposed activities and how it will enhance your integration into the university, college, or your department.
	2. A signature from your Chair/Director/Coordinator must accompany each application, specifying how the activity furthers the goals of your unit.
	3. After reviewing, the dean or designee may approve using the final signature line.
5. Upon completion of the activity, you must submit a written “Report of Activities” and should include a reflection of how the activities enhanced your integration into the university, college, or your department. This must be submitted to the Dean’s office. Once the Report of Activities is received and approved, your Professional Development monies will be distributed.

 

**Application for Professional Development Funds for Lecturers Involved in CSUSM Activities**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First

**Course/Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CSUSM Activity (please briefly describe the activity and what it involves):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Monthly Meetings: Yes [ ] No [ ]**

**Statement of Proposed Activities:**  Please attach a statement of the proposed activities and how it will enhance your integration into the university, college, or your department.

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| Signature of Requester: |

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| Date of Request: |

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| --- |
| Signature of Director/Chair/Coordinator: |

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| --- |
| Approved by Dean or Designee: |