



College of Education, Health and Human Services  
**Professional Development Plan for Tenure-Track Faculty**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department/School: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**What are you requesting to be used with Professional Development Funds?**  
*Include short justification to support your claim (The box area will expand when entering justification).  
Please attach estimate documentation.*

Cost: \$0.00  
Tax: \$0.00  
S & H: \$0.00  
**Grand Total:** \$0.00

Total Professional Development Funds Remaining \$0.00

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_