

FACULTY DEVELOPMENT AWARD
RECOMMENDATION AND SIGNATURE FORM

Please note: All proposals, this form and justification statements are to be submitted to the University FDA committee, regardless of the department FDA committee, Department Chair, and College Dean recommendations. The department FDA committee, Department Chair, College Dean and University FDA committee justification statements are to be attached to each proposal prior to being sent

Department Review Committee: Recommend Do Not Recommend

Department FDA Committee Chair Signature

Date

Department Chair: Recommend Do Not Recommend

Department Chair Signature

Date

College Dean: Recommend Do Not Recommend

College Dean Signature

Date

University FDA Committee: Recommend Do Not Recommend

Amount of Funding Recommended: _____

University FDA Committee Chair Signature

Date

Provost: Approve Do Not Approve

Amount of Funding Recommended: _____

Provost Signature

Date