

**FACULTY PROFESSIONAL  
DEVELOPMENT APPLICATION**NAME: DEPARTMENT: TELEPHONE: E-MAIL: STATUS: (*Check all applicable boxes*)

- ☐ Permanent
- ☐ Full-time
- ☐ Regular Sector
- ☐ Continuing Education

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**TYPE OF ACTIVITY:**

- ☐ 1. Credit & Non-Credit course(s)\*      ☐ 7. Self-directed activity  
*Examples of self-direct activities: field studies, projects involving travel, research, for which no funds are available from other sources. A full description of the self-directed activity is required on the next page of this application.)*
- ☐ 2. Workshop
- ☐ 3. Seminar
- ☐ 4. Conference, Colloquium
- ☐ 5. Trade Show(s), Exhibit(s)
- ☐ 6. Other:

\* Applicants must take Dawson courses whenever possible.

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**BREAKDOWN OF EXPENSES FOR ACTIVITY:**

Tuition	\$	<input type="text"/>
Registration	\$	<input type="text"/>
Accommodation	\$	<input type="text"/>
Transportation*	\$	<input type="text"/>
Meals	\$	<input type="text"/>
Other <input type="text"/>	\$	<input type="text"/>

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**SUBTOTAL** \$ Funds from other sources \$ 

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**TOTAL REQUESTED** \$ 

\* Transportation costs are not paid for Montreal Area activities

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**COMMUNICATION TO DEPARTMENT & FACULTY MEMBERS:**

*All boxes below must be checked and applicant must fill in their name for application to be considered.*

- ☐ I will send a copy of this application to my department chairperson. Within 60 working days of completion of this activity, I will submit a brief post-activity report to my department chairperson and the P.D.F.C. and circulate it among faculty members as appropriate.
- ☐ I understand that payment will be made on the completion of activity, submission of original receipts, and submission of post-activity report. Receipts must be submitted within 60 working days of completion of the activity.
- ☐ I understand that an authorization from my sector dean is required if this activity requires leave during classroom activities. I understand that without my sector dean's approval for leave the processing of this application may be delayed.

Signature of Applicant: Date:

## DESCRIPTION OF ACTIVITY & RELEVANCE TO YOUR TEACHING :

Date activity begins:

Date activity ends:

Please describe the activity and its relevance to your teaching AND address the following questions (attach additional documents if necessary).

1. Describe how the activity is specifically relevant to pedagogy and/or professional development in the area that you teach.
2. (if applicable) How is your participation in the activity more than simple attendance? What is the instructional development component of the activity?
3. (if applicable) How is any instruction you receive geared toward you as a College-level instructor?
4. If applying for a similar activity as in a previous year, how is this year's activity different?

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*Please do not write below this line*

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Applicant #: \_\_\_\_\_

Date received: \_\_\_\_\_

Applicant's Workload: \_\_\_\_\_

Applicant's current  
year balance: \$ \_\_\_\_\_

Amount Approved by P.D.F.C.: \$ \_\_\_\_\_

Date: \_\_\_\_\_

### SUMMARY

\$ \_\_\_\_\_

To be paid on:

\_\_\_\_\_