**PROFESSIONAL DEVELOPMENT FUND FOR LEO LECTURERS**

**APPLICATION COVER PAGE**

**Instructions:** Applicants should complete Items 1-12 and have their program directors/chairs or deans complete Item 13. The application must include 1) a completed application cover page, 2) a brief (1-2 page) description of the proposed project/activity, 3) an itemized budget and 4) a brief curriculum vita, and must be submitted to Academic Human Resources at the address provided below. Electronic submissions combined into a single document are preferred and must be made in Microsoft Word or .pdf format.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Name (printed) Signature

3. 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Title (e.g. Lecturer IV) Date of initial appointment as Lecturer

5.

 E-mail address

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Address Telephone Number

7. \_\_\_\_\_\_

 Program/Department School/College

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program/Unit/Department Administrator

8. **Duration of Project/Activity:** Starting Date: Ending Date:

9. **1-2 Sentence** **Proposal Summary:**

10. **Amount Requested** **(not to exceed $900):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. **Certification of Other Support from my Academic Unit (check one):**

 \_\_\_\_\_ My academic unit does not provide professional development funding for this proposal.

 \_\_\_\_\_ I applied for professional development funding for this proposal from my academic unit, and received the following funding: \_\_\_\_\_\_\_\_\_\_\_\_.

12. I have received a LEO Professional Development Fund Award in the past.

 yes / no

 If yes, year(s) and semester(s) received: a) \_\_\_\_\_\_\_\_\_\_\_ b) \_\_\_\_\_\_\_\_\_\_\_ c) \_\_\_\_\_\_\_\_\_\_\_

13. **Program/Department Verification (to be completed by Program Director/Chair or Dean or designee):**

 **By signing below, I certify that the following statements are true:**

This proposal is being submitted by a Lecturer who is actively appointed or on an approved leave of absence.

I have a reasonable expectation that this Lecturer will be reappointed beyond the current semester.

If this proposal includes activities that would take the Lecturer away from his or her assigned responsibilities (e.g. teaching), the Program/Department is supportive of this absence.

I certify that this request falls outside of normal classroom support in the unit.

This proposal is consistent with the standards of excellence and assigned responsibilities applicable to this Lecturer.

 *Program Director*/*Chair/Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Printed Name)

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Signature)

 *Department/School/College* **\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please attach a 1-2 page description of the proposed professional development activity, itemized budget and brief curriculum vitae.**

**Application Deadline**: In order to be eligible for consideration in the initial round of awards, applications must be received by *no later than 4:00 p.m*. on the date indicated below:

 Fall Semester: October 20 (Awards will be announced on or about November 10.)

 Winter Semester: March 20 (Awards will be announced on or about April 10.)

Completed applications should be submitted to the following address:

 Academic Human Resources

 Attention: Lecturer Professional Development Fund

 2072 Administrative Services Building

 1009 Greene Street

 Ann Arbor, Michigan 48109-1432

 E-mail: LEOProfDev@umich.edu