ACADEMIC STAFF PROFESSIONAL DEVELOPMENT FUND

Department Chair/Supervisor Approval Form

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| --- | --- |
| Name of Applicant |  |
| Position/Title |  |
| Title of Proposed Activity or Project |  |
| Date(s) of Proposed Activity or Project |  |
| Total Amount required for the Activity or Project |  |
| Total matching amount from other sources |  |
| Total amount requested from ASPDF |  |

**Department Chair/ Supervisor:** Please check the boxes to indicate agreement with the following statements:

[ ]  I have reviewed and approve of the budget for this application.

[ ]  The 25% cost-sharing obligation has been met.

[ ]  I support the applicant’s participation in the proposed activity or project.

[ ]  Applicant is Academic Staff employed 50% of full-time or more

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Supervisor Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date