

PURCHASE COLLEGE
PART-TIME TEACHING SUPPORT AWARD APPLICATION

*Please complete and
transmit this form as an
email attachment to your
chair/director.*

Name: _____ BOS/School: _____

Home Address: _____

Rank _____ Less than half time (fewer than four courses per year) Date: _____

Campus Email and Phone: _____

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Conference or Workshop Attendance

Name of Organization: _____

Location of Conference/Workshop: _____

Duration of Stay: ___ days Inclusive dates: _____

Participation in conference/workshop: _____

Title of paper to be read (if appropriate): _____

Title of panel (if a participant): _____

Estimated expenses:	Travel:	_____
	Registration:	_____
	Food and lodging:	_____
	Materials or supplies:	_____
	Total:	_____

Expenses related to Research, Creative Activities, or Teaching

Descriptive title of project: _____

Please attach a one-paragraph description of your project (insert at the end of this file), including goals, methods and procedures, and a summary of progress to date.

When did you start work on this project? _____ When do you anticipate completion? _____

Please list other sources of funding for this project (either from outside or other College programs):

Estimated expenses:	Materials/Expenses:	_____ (please specify in attachment)
	Travel (fares, etc.):	_____
	Food and lodging:	_____
	Total:	_____

Chair/Director's Approval: Eligible for award* **Signature:** _____

*c.v. on file; teaching less than a 0.5 equated course load, or no more than three courses a year, excluding winter and summer session

Comments:

Dean's Approval: **YES** Eligible for award **OR** **NO** Not Eligible for award

Dean's Signature: _____

Comments: