

**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: \_\_\_\_\_

.....

**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: \_\_\_\_\_

**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:**