

REQUEST FOR FACULTY DEVELOPMENT AWARD

Missouri Western State University

Name _____ Department _____

Dates of Travel _____ Destination _____

Description of Request: (Add explanatory attachments as necessary.)

How many class period(s) will you miss? _____

How will your class(es) be covered in your absence? _____

This form must be attached to your Travel Request Form.

Faculty Signature _____ Date _____

Chairperson Recommendation: _____ Approved _____ Not Approved

Chairperson Signature _____ Date _____