**Professional Development Program
*Transform SUNY Cobleskill
Transform Yourself***

**PROFESSIONAL DEVELOPMENT PROPOSAL**

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| --- | --- |
| Name: Click here to enter text. | Phone: Click here to enter text. |
| Position: Click here to enter text. | Email: Click here to enter text. |
| Department: Click here to enter text. | Date: M/D/YY |
| Names and contact information of others working collaboratively on this activity: |
| Click here to enter text. |
| **Title of Request:** Click here to enter text. |
| **Summary of Proposed professional development activity:**Click here to enter text. |
| **Dates and Locations of all activities:** *Please attach a copy of the agenda for your event, too.* |
| Dates: M/D/YY | Locations: Click here to enter text. |
| Do you stand to gain Direct Financial Benefits in any way in the attendance of this event? [ ]  Yes [ ]  No |
| **Estimated Budget:** *Identify other available funds that have been approved or requested for this activity.* |
| Type of Expense | Budget Request | Description |
| Airfare / Train / Bus | $ 0.00 | Click here to enter text. |
| Automobile | $ 0.00 | Click here to enter text. |
| Hotel | $ 0.00 | Click here to enter text. |
| Parking, tolls, etc. | $ 0.00 | Click here to enter text. |
| Food | $ 0.00 | Click here to enter text. |
| Registration | $ 0.00 | Click here to enter text. |
| Tuition | $ 0.00 | Click here to enter text. |
| Course Release/  Reassigned Time | $ 0.00 | Click here to enter text. |
| Other *(Describe)* | $ 0.00 | Click here to enter text. |
| **TOTAL:** | $ 0.00 |  |
| Other requested/approved sources of funds: | $0.00 | *Click here to enter text.* |

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| **Identification/description of activity outcomes’ alignment with three (3) or more of the following criteria:** |
| [ ]  | *Specific centrality to the “Real life. Real learning.” mission of SUNY Cobleskill*Click here to enter text. |
| [ ]  | *Improvement of an academic discipline’s body of knowledge/skills through critically-acclaimed work*Click here to enter text. |
| [ ]  | *Enhancement of the student learning experience particularly in field work and internship endeavors*Click here to enter text. |
| [ ]  | *Support of strategic commitments by the campus to issues, including diversity, sustainability, etc*Click here to enter text. |
| [ ]  | *Personal professional development that will also benefit the college in a tangible way*Click here to enter text. |
| [ ]  | *Enhancement of replicable pedagogical approaches to instruction*Click here to enter text. |
| [ ]  | *Improvement of regional quality of life via disciplinary or interdisciplinary demonstration projects*Click here to enter text. |
| [ ]  | *Support aimed at acquisition of external sponsorship for scholarly work*Click here to enter text. |
| [ ]  | *Improvement of stakeholder support, financially or in another significant way*Click here to enter text. |
| [ ]  | *Increase of the college’s visibility and national recognition, particularly in the US higher education arena*Click here to enter text. |
| [ ]  | *Expansion of entrepreneurial partnerships and related activities aimed at increasing self-support*Click here to enter text. |
| [ ]  | *Addition of other identifiable and accountable benefits*Click here to enter text. |

**Please make sure all of the items below are completed in your request. Incomplete applications will not be reviewed.**

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| [ ]  Location and dates of activity: *Location:* *Click here to enter text. Date:* *Click here to enter text.* |
| [ ]  Request submitted at least 2 weeks prior to event? *Date Submitted/Received:* M/D/YY |
| [ ]  Checked GSA Per Diem Rates: Hotel $:         Meals $:       *Visit GSA website at* [*http://www.gsa.gov/portal/content/104877*](http://www.gsa.gov/portal/content/104877) *for current rates.* |
| [ ]  Agenda attached: |
| [ ]  Supervisor sent letter (e-mail) of support: *Supervisor Name:* *Click here to enter text.*  |
| [ ]  At least 3 outcomes aligned: |
|  |

Please submit application electronically to profdev@cobleskill.edu