



Professional Development Program
Transform SUNY Cobleskill
Transform Yourself

PROFESSIONAL DEVELOPMENT PROPOSAL

Name:

Phone:

Position:

Email:

Department:

Date:

If applicable, names and contact information of others working collaboratively on this activity:

Professional Development Program:

(See www.cobleskill.edu/professionaldevelopment for program descriptions. NOTE: Some applications may require additional information.)

Select an item:

Title of Request:

Summary of the proposed professional development activity:

Dates/Timeline of all activities:

Estimated budget- Identify other available funds that have been approved or requested for this activity:

Type of Expense	Budget Request	Description
Travel	\$	
• Registration	\$	
• Airfare	\$	
• Automobile	\$	
• Hotel	\$	
• Parking, Tolls, etc.	\$	
• Food	\$	
Materials	\$	
Tuition	\$	
Course release/reassigned time	\$	
Other (describe)	\$	
Total	\$	
Other requests/approved sources of funds	\$	

Identification/description to activity outcomes' alignment with four (4) or more of the following criteria:

Specific centrality to the “real life: real learning” mission of SUNY Cobleskill

Improvement of an academic discipline’s body of knowledge/skills through the critically acclaimed work

Enhancement of the student learning experience particularly in field work and internship endeavors

Support of strategic commitments by the campus to issues, including diversity, sustainability, etc.

Personal professional development that will also benefit the college in a tangible way

Enhancement of replicable pedagogical approaches to instruction

Improvement of regional quality of life via disciplinary of interdisciplinary demonstrations projects

Support aimed at acquisition of external sponsorship for scholarly work

Improvement of stakeholder support, financially or in another significant way

Increase of the college's visibility and national recognition, particularly in the US higher education arena

Expansion of entrepreneurial partnerships and related activities aimed at increasing self-support

Addition of other identifiable and accountable benefits

Submit completed proposal to profdev@cobleskill.edu

For any professional development request that requires reassigned time, absence from assigned duties, or resources from your department, a letter of support from your supervisor is required. Ask your supervisor to send an email message indicating his/her support of the requested professional development to profdev@cobleskill.edu.

For use of the Professional Development Coordinator

Date application received:

Date supervisor's supporting email received (if applicable):

Forwarded to:

Date:

Decision, including budget:

Notified applicant on: