**Adjunct Faculty Professional Development Fund Application Form**

|  |
| --- |
| ***INSTRUCTIONS:*** *To be completed by the Local 7902 adjunct faculty member requesting funds and submitted with all supporting documentation to the* [appropriate administrator](https://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/local-7902-contract-adjunct-faculty/pdfund.html). ***All fields are required.*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ADJUNCT FACULTY INFORMATION** | | | | | |
| Last Name | First Name | | Middle Initial | University ID (N) Number | |
| Mailing Address | | City | | State | Zip Code |
| School/College & Department/Unit | | Email address | | | Telephone Number |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONAL DEVELOPMENT ACTIVITY** | | |
| Provide the following information regarding the professional development activity. **Attach supporting documentation**. See this [webpage](https://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/local-7902-contract-adjunct-faculty/pdfund.html) for more information. | | |
| Organization Name (if applicable): | Activity/Event Title: | Dates: |
| Please provide a statement describing how this experience will contribute to your New York University adjunct professional development as it pertains to your teaching, artistic, scholarly, or other intellectual production. | | |

|  |  |  |
| --- | --- | --- |
| **ALLOCATION AND EXPENSES** | | |
| Provide an itemized cost breakdown of planned expenses for the total dollar amount requested. Attach an additional page if necessary. In the amounts column, please include an estimated amount. Exact amounts are not necessary. | | |
| **Expense Description** | | **Amount** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **TOTAL EXPENSE** | |  |
| **TOTAL AMOUNT REQUESTED *(Max. $1,250)*** | |  |
| **RECEIPTS REQUIRED** | Itemized receipts must be sent to the [appropriate administrator](https://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/local-7902-contract-adjunct-faculty/pdfund.html) **within forty-five (45) days** from the date of the event’s completion. | |

|  |  |
| --- | --- |
| ADJUNCT FACULTY MEMBER’S SIGNATURE | DATE |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Department Use Only** | **Appropriate Administrator Signature** | **Date** |