# OSU College of Education

# Request for Professional Development/Research Support

This form must be submitted in advance of the need. Four or more weeks as best practice and 2 weeks as minimum.

Faculty Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KED 201 Acct Balance\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (You can access your balance in the index search

Is this request related to research? Y/N in *u*Reports in CORE: <https://core.oregonstate.edu/> ).

1. Please provide the following information to request funds for professional development or research funding. Please note: We cannot pay for professional certifications.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of event/activity or services/materials needed** | **Location** | **Dates of Travel (if applicable)** | **Cost Estimate**  (total) | **Amount Requested ($)** | **Other Sources of Funding ($)** | **Source Description** (Grant, KED 201 acct, etc.) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Briefly describe how participation in the activities listed above supports your professional development/research goals: a) explain the funded activities/products, b) explain how will this furthers your professional development/research agenda, c) detail the professional products/outcomes that will be produced, with dates, and d) detail why college funding is the best or only option:
2. If this is support for research-related activity, will it result in an application for future funding from an external-to-the-College funder?

\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

* 1. If yes, please indicate the competition(s), to what funder(s), and what due date(s):

1. Is part of this request is for funding a College graduate student’s work?

\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

* 1. If yes, please indicate the student, their hourly wage, and what they will do to support the research or other college work:

1. Please complete the following for any professional development/research support you’ve received College funding over the past three years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Event, activity or products** | **Location** | **Dates of Travel** | **Total Cost Estimate**  (Travel, Lodging, Registration, *per diem*) | **Funding Received ($)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I have reviewed and support this request for professional development/research funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Supervisor

I approve this request: For total requested amount: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For proportion of an amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Index no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of approver of index fund use)

\* Note that KED201 accounts exist to support faculty/staff professional development, and are expected to be depleted prior to requesting additional funding from the college.