

Faculty Retraining Grant Application (2 pages).

Name:	
Academic Rank:	
Department:	
Date Submitted:	
<i>All information including the appropriate signatures must be obtained before the application is submitted to the Academic Leave Committee.</i>	
Briefly summarize the activity to be engaged in including the location and dates. Please include documentation as an attachment.	
Budget: Please provide documentation of the anticipated costs.	
Tuition or similar costs	
Books or other supply costs	
Travel costs if applicable	
Other	
TOTAL Funds requested	
If the program to be engaged in might be perceived as unusually costly compared with other programs or locations, please justify the extra expense.	
Rationale for the retraining	
1. The academic or administrative area in which the retraining is expected to be used.	
2. The specific department or administrative need at WCSU to be met by the new skills and knowledge.	

3. The reason the proposed activities are appropriate for meeting the needs as stated in number 2 above.

4. If possible, previous experience in the new area and/or evidence of the likelihood of success in the new field.

Feel free to attach any additional material that helps to expand on the details in questions 1-4 above.

Applicant Signature and Date:

The signatures below represent an endorsement of this retraining proposal, including its relevance to future plans for your department or school. Additional comments may be attached to this application.

Chair or Direct Supervisor Signature
and Date:

Dean or Director Signature and Date:

*Revised by Committee April 2020
Rev. Senate Approval: May 6, 2020
Admin. Approval August 18, 2020*