TITLE III
Strengthening University Mission

TITLE III FACULTY DEVELOPMENT TRAVEL REQUEST

PROFESSIONAL DEVELOPMENT / FACULTY DEVELOPMENT

TRAVELER & ACTIVITY INFORMATION

Title III Project Name _____ **Activity No.** _____

Grant Year _____ **Date** _____

Traveler Name _____ **Traveler Title** _____

Conference / Meeting / Workshop _____

Location _____ **Travel Dates** _____

PURPOSE & TITLE III ALIGNMENT

Purpose of Attendance: ☐ Participant ☐ Training / Workshop **Title III does not fund travel to present.**

Provide a brief summary of the impact of the conference in the following areas: (a) strengthen institutional capacity for student retention; (b) enhance student persistence; (c) increase graduation rates; and (d) achieve activity objective.

List specific and tangible examples of how the acquired skills, knowledge or training will be documented and transferred to other faculty and staff.

Describe professional and instructional benefits of the training. Cite actions you will carry out as a result of this professional development. These should be tied to items (a) and (b), above. Be specific (example: cite dates, courses/activities, assessment measures used, etc.) You may be asked to provide follow-up documentation to the Title III Office.

ESTIMATED COST

Total Anticipated Cost _____ **Amount Requested from Title III** _____

TITLE III REQUESTS: COMPLETE PACKET REQUIRED AT LEAST 20 BUSINESS DAYS BEFORE TRAVEL

Final request cutoff: June 30 | Approved travel may occur October 1 - September 30

REQUIRED APPROVALS

Traveler / Participant Signature _____ Date _____ Department Chair Signature _____ Date _____

Activity Director / Authorized Academic Official Signature _____ Date _____ Title III Director Signature _____ Date _____