**NOTICE OF SUBMISSION**

**Application for the Faculty Development Grant**

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| **Submitted by:** |
|  Faculty Name: |  |
| Faculty Rank and Department: |  |
| Number of Years at Clark: |  |
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|  |
| **Effective Dates:** |
|  | From: |  | To: |  |
|  |
| **Total Funds Requested:**  |  |
|  |
| **Title of Project:** |  |
|  |
| **Date Submitted:**  |  |
|  |
| *It is understood that there is no continuing University commitment beyond the termination date of this grant.* |
| **Signatures:** Applicant:Department Chair: |  | Date:Date: |
|  |
|  | **Please submit your proposal and the signed submission form via email to FacultyDevelopmentFunds@clarku.edu . Please use the filename format: yourlastnameFD21.pdf. Clark HelpDesk is available to help with bundling the form and proposal into a single pdf file.** |  |
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