GRAMBLING
STATE UNIVERSITY
GRAMBLING, LOUISIANA

Center for Mathematical Achievement in Science and Technology

Faculty Development Activity Application

Name: [   ] **College/School:** [   ]

Type of Activity: ☐ Conference ☐ Course/Seminar/workshop ☐ Other, specify: [   ]

If travel is involved, a "CMAST Travel Support" form must be completed and attached.

Activity Title: [   ]

Date(s) of Activity: [   ]

Location of Activity: [   ]

Activity Description (please provide a description of the activity or attach documentation. e.g. brochure):

[   ]

Relevancy of Activity (please briefly indicate how this activity is professionally relevant):

[   ]

Applicant signature: _____ Date:_____

Project Leader signature: _____ Date:_____

Project Director signature: _____ Date:_____

Dean signature: _____ Date:_____

OFFICIAL ACTION:

Approved: _____   Reason(s) for disapproval: _____
_____
Disapprove: _____   _____

NSF