

# IRC Professional Development Grant

# **Department Head Letter of Support**

The CFDA’s Professional Development Grant for IRC Faculty provides support to all instructors **not** considered tenure-track at the University of Colorado Denver (Denver Campus) for activities that advance them in their careers. Funded activities could include but are not limited to the following:

* Conference participation (such as presenting a paper/poster, moderating a session, etc.)
* Attending/participating in professional development trainings, workshops, certification programs, etc.
* Purchasing books, software, or specialized equipment for teaching and/or (if applicable) research purposes

Funding Limit: $1000/year

Funds **must be expended** within the fiscal year in which they apply.

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check here to confirm that the applicant is not a tenure-track faculty member?** ☐

**School or College**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity/Conference Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What dates will the activity be taking place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specify amount of funding requested from IRC-PD Grant (up to $1000)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a brief statement supporting the application by focusing on the eligibility of the applicant and the ways in which the proposed activity will support the applicant’s professional development.**

**If the applicant is also a doctoral student, please provide a brief description of how the proposed activity will benefit the applicant in their teaching.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clearly Print Chair/Department Head Name Date**

**Signature**