Office of the **Provost**

FACULTY
CAREER DEVELOPMENT
SERVICES

LECTURERS' PROFESSIONAL DEVELOPMENT GRANT

Verification Sheet

Instructions: Applicants must complete this Verification Sheet and obtain your chair's signature. Email this document to FCDS@rit.edu. Applications are due via the online application by Friday, April 11, 2014.

1._____
                Project Title

2._____   3._____
                Name of Applicant   Academic Rank (Lecturer Title)

4._____   5._____
                Office Address   Department /College

6._____   7._____
                Email address   Telephone Number

8. Duration of Project: Starting Date _____Ending Date _____

9. Please indicate how you first learned about this program (check all that apply):

__ Email grants announcement   __ A colleague

__ FCDS website   __ Chair or Dean recommendation

10. Appointment Verification:

This proposal is being submitted by a Lecturer who has a continuing appointment in (department) _____ through (date) _____ .

Department Head/Chair: _____ (Signature)

                                                            _____ (Printed)

                                                            _____ (Dated)