**ADJUNCT FACULTY PROFESSIONAL DEVELOPMENT GRANT**

**DEPARTMENT CHAIR/UNIT HEAD VERIFICATION FORM**

**Instructions**

Adjunct faculty at RIT may apply for funding one time per academic year of up to $500. To be eligible for this funding you must have taught at RIT for at least two consecutive semesters, and to the best of your knowledge, you will continue teaching as an adjunct in the department during the next academic year (one or both semesters).

This signed verification sheet must be signed by your department chair/unit head indicating that you will continue teaching as an adjunct faculty member in their department going forward. Email the completed, signed form to FCDS@rit.edu.

|  |  |
| --- | --- |
| **Your full name:**  |  |
| **Your RIT email address:**  |  |
| **Additional email address:**  |  |
| **Your department:**  |  |
| **Your college:**  |  |

|  |  |
| --- | --- |
| **Date(s) of proposed activity:** |  |

**Describe the activity for which funding is being requested:**

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| --- |
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**Appointment Verification**

I certify that I have been an adjunct faculty at RIT for at least two previous semesters and to the best of my knowledge, will continue teaching in the department the next academic year (one or both semesters).

|  |  |
| --- | --- |
| **Your signature** |  |
| **Today’s date** |  |

**This proposal is being submitted by an adjunct faculty who will continue to teach in this department in the following semester(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Department head name**  |  |
| **Department head signature** |  |
| **Today’s date** |  |

\*Note if approved, use of grant funds must follow all RIT Travel Policies: https://[www.rit.edu/fa/controller/content/travel-policies-procedures-manual](http://www.rit.edu/fa/controller/content/travel-policies-procedures-manual)