



Faculty Member's Information:

Name: _____ Campus Address: _____

Preferred Prefix: Dr. ___ Mrs. ___ Ms. ___ Mr. ___ Email: _____

School of: _____ College: _____

Office Professional: _____ Email (OP): _____

Conference/Workshop Summary:

Title: _____

Brief description: (attach additional sheets to this form as needed)

Location: _____ Travel Date(s): _____

Estimated Expenses (Please attach documentation of reservations, registrations, travel costs, etc.)

ITEM(S)	DESCRIPTION	ESTIMATED EXPENSE
Transportation		
Meals		
Lodging		
Registration		
	TOTAL	

Additional Sources of Funding? Yes No

School: \$ _____

Scholarly Activity Fund: \$ _____

International Travel: \$ _____

Other: \$ _____

How will this project/conference/event **improve your pedagogical skills or disciplinary knowledge?**

How will what you learn be integrated into **your curriculum?**

How will this project/conference/event **support UCM's mission and reputation?**

How will what you learn from this project/conference/event be **shared with colleagues?**

Faculty Member's Signature

Date

School Chair's Signature

Date

Dean's Signature

Date

Please submit this completed application to:

Carol Knight, Interim Director cknight@ucmo.edu JCKL 1440 660-543-4385

DLII USE ONLY: DLII Funding: ___ No Award ___ Funds Awarded - Amount \$ _____

Director, Digital Learning & Instructional Innovation

Date