COMMON FACULTY PD FUND APPLICATION FORM—BCGEU

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Name:		Priority: One Two		
Date of submission:		Amount requested: \$		
Funding category: Group Individual Top-up				
Name:	Tel:		School:	
SCHOOL SUPPORT: I support this proposal.				
	School Chair Signature			
	Second Signature (for Group PD)			
PROPOSED ACTIVITY Describe the proposed activity				

¹ Note that the Review Committee reserves the right to disagree with the submitter's classification.

ALIGNMENT WITH CRITERIA Describe how this activity fits the criteria for this fund and how this will ben or individual that will take part in this PD activity.	efit the group
AMOUNT REQUESTED	
ITEM e.g.: honorarium, fees, tuition, travel, accommodation, etc.	Costs
TOTAL COSTS	
FUNDING FROM OTHER SOURCES (IF APPLICABLE)	
NET REQUEST	
TIMELINES When must you have a decision? When will the PD event start/end?	
ADDITIONAL INFORMATION Add any other information that may assist the PD Review Committee in makedecision.	king a