**Additional Professional Development Fund (APDF) Application**

|  |
| --- |
| Date of Submission:  |
| Applicant Name:  |
| Department:  |
| Current balance of Professional Development (PD) Fund:  |
| Summary of PD expenses to date: |
| Summary of outstanding expenses to be reimbursed (if any) or anticipated prior to year-end: |
| Amount of funds requested:  |
| Justification for requested funds:[Note: According to Article #4.4 of the APDF policy, priority is given for travel to conferences at which the applicant is participating formally.] |
| If application is to support research items, justification for use of other available research funds (e.g., IIRG; include the balance to date of your IIRG):[Note: According to Article #4.3, of the APDF policy.] |

Signature: