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

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| 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: