

**UNIVERSITY OF MAINE AT FORT KENT**  
**ACADEMIC DEVELOPMENT FUND APPLICATION**

<b>INDICATE WHICH ACTIVITY YOU ARE PLANNING</b>				
Conference	Teaching Project	Field Trip - Support Students	Assessment Project	Other

<b>INDIVIDUAL APPLICANT OR DIVISIONAL/GROUP NAME:</b>	<b>DIVISION:</b>
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**BEGINNING AND ENDING DATE:**

**PROPOSED ACTIVITY (Brief Description of Project):**

**OBJECTIVES/GOALS:**

ASSESSMENT PROCEDURE:

BENEFITS OF PROJECT:

ESTIMATED COST: Meals: \_\_\_\_\_  
Lodging: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Other: \_\_\_\_\_  
TOTAL COST: \_\_\_\_\_

MATERIAL COST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TOTAL COST: \_\_\_\_\_

APPLICANT S SIGNATURE:

DATE:

ACADEMIC PROFESSIONAL DEVELOPMENT FUND COMMITTEE RECOMMENDATION:

RECOMMENDED APPROVAL:

RECOMMENDED DENIAL:

DATE:

VICE PRESIDENT FOR ACADEMIC AFFAIRS RECOMMENDATION:

RECOMMENDED APPROVAL:

RECOMMENDED DENIAL:

DATE: