

# PTR Resource Request

(Due in Associate Dean's office November 1 of academic year of participation)

Name \_\_\_\_\_

Department or School \_\_\_\_\_

Academic Year of Participation \_\_\_\_\_

Individual Review and Development Committee Members (at least one tenured)

\_\_\_\_\_

\_\_\_\_\_

Select Support Type:

Please select your type of support. Funds allocated or course releases should be used within 24 months of the completion of the development plan.

\_\_\_\_\_ Course Release

\_\_\_\_\_ Cash Stipend

\_\_\_\_\_ Non-Cash Stipend. Check each that apply:

\_\_\_\_\_ Travel

\_\_\_\_\_ Equipment and/or Materials

\_\_\_\_\_ Research Expenses

\_\_\_\_\_ Course Development Expenses

Signature \_\_\_\_\_ Date \_\_\_\_\_