Dartmouth Center for the Advancement of Learning

APPLICATION FOR TEACHING PROFESSIONAL DEVELOPMENT GRANT

Please read the grant guidelines on the DCAL website before applying. Complete this form and submit to DCAL via e-mail (dcal@dartmouth.edu), fax (603-646-6906) or Hinman mail (HB 6247).

Name			
Mailing Address			
HB #		**Dartmouth ID**	
Title/Position		**Department/Program**	
Amount of request (Max $1000)			
Conference information *(please include name, dates, location and sponsoring organization)*			
Will you be presenting or facilitating a session? If so, please describe.			
What is the anticipated benefit to you and your department/program and/or colleagues of your attendance at the event? Please make a clear case for how attendance will contribute to your teaching, course design or understanding of student learning.			
Expected expenses			
Will you receive funding from other sources for this conference? *If so, please explain.*			

_____   _____

Applicant Signature   **Date**

_____   _____

Department Chair, Program Director or Dean   **Date**