Professional Development Application Form

RESEARCH SUPPORT FACULTY* - PROFESSIONAL DEVELOPMENT FUND
OSU College of Forestry

*Research Support Faculty eligible for these funds are non-tenure-track (NTT) fixed-term faculty, including the ranks: Faculty Research Assistants (FRA), Senior Faculty Research Assistant I (SFRA I), Senior Faculty Research Assistant II (SFRA II), Research Associates (RA), and Professional Faculty engaged in research. Eligibility for Research Professional Faculty is restricted to those who work to support another faculty member’s research program. Professional Faculty who lead their own research programs are ineligible.

1Research Associates with the 'postdoc' marker in their PD are ineligible

Review the goals before filling out the form

Name *

Faculty Rank * - Select -

Department *

Supervisor *

Event Name *

Event Date *

Year ▼ Month ▼ Day ▼

Event Location *

Describe your proposal in specific terms *

(e.g., attend grant writing workshop, present research results at XXX conference)

Describe the event or post a link to the event website *

Describe the benefits of this activity to your professional development plan *

Describe how your participation relates to one or more of the goals of the RSF professional development fund *

http://rsf.forestry.oregonstate.edu/professional-development-application-form#overlay-context=professional-development-application-form
(e.g., if a goal is to learn an emerging technology, include “Support CoF’s ability to be at the forefront of new forestry research by promoting the knowledge, skills, and abilities of RSF”).

How long have you been employed as RSF in CoF?
- <1 year
- 1-4 years
- 5-10 years
- 10+ years

When did you last attend a professional development activity?
- <1 year
- 1-2 years
- 2-3 years
- >3 years

When did you last receive an award from this fund?
- <1 year
- 1-2 years
- 2-3 years
- >3 years
- N/A

Provide a detailed budget for the proposed project. Include details on the following as they apply:

Registration *

Lodging *

Transportation *

Miscellaneous (specify below) *

Description of miscellaneous expenses

Verify that your supervisor has agreed to either:
- Pay salary
- Approve leave

Total Budget *

Total amount requested *

If the total budget exceeds the amount requested or the $2000 maximum award, how will the remainder be funded?

(e.g., my supervisor will pay, I will cover the remainder, or it will be covered by another OSU fund)

By clicking “submit” you are confirming that you are CoF Research Support Faculty and that your supervisor supports your participation at this event.

Submit