

Minnesota State University, Mankato
College of Social and Behavioral Sciences
SPECIAL FUNDING REQUEST

Name	Department
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Faculty _____ Graduate Student _____ UG student _____

NON-SALARY

Special Equipment needs not fully funded Conference/Travel Grant Match

On-campus Scholarly Activity

• Amount requested \$ _____

Purpose (If this is a request for travel/conference funding, describe your level of participation. If this is request for scholarly activity funding, specify if funding is for a visiting scholar, workshop, conference, or other activity.) _____

• Department or other match \$ _____

Sources of Matching Funds _____

• *Description of other funds received this FY and how you utilized these funds* (e.g. include balance of contract professional development funds) _____

SALARY

REASSIGNMENT RELEASE

• Semester requested ____ fall ____ spring Number of credits? _____

Purpose _____

• Does this require adjunct replacement? ____ yes ____ no

If yes, please explain _____

GA/Adjunct/OL

• Amount requested \$ _____

• Semester requested ____ fall ____ spring ____ summer

Purpose and reason for request (e.g. unexplained reassignment, course added, illness, personnel change) _____

Signature of requestor

Date

Signature of department chair

Date

Dean's approval

Date

Spring semester funding request deadlines: January 31, 2007, and March 31, 2007

Copies: Requestor and Department chair