

REQUEST FOR DULCE FUND
DELTA STATE UNIVERSITY

Date: _____

E-mail: _____

Name: _____

Campus POB: _____

Department: _____

Resource funding for faculty only(\$100-\$500). Proposals must demonstrate professional development activities, materials, and equipment that will have an impact on your work and contribute to the well-being of the university and the students. In the space provided, give a description of the request and any anticipated benefits to your department and/or college/school. If travel, include the dates, name and location of the meeting for which funds are requested. (Use the space provided.)

Recommended: _____

Division/Department Chair

Recommended: _____

College/School Dean

Date: _____

Date: _____

Approved: _____

Provost/Vice President for Academic Affairs

Date: _____

Amount Approved: _____