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

Date: __________________________

Recommended: __________________
College/School Dean

Date: __________________________

Approved: ______________________
Provost/Vice President for Academic Affairs

Date: __________________________

Amount Approved: __________________