

FACULTY INTERNATIONAL TRAVEL GRANT

---

DEPARTMENT CHAIR and DEAN APPROVAL

This form is initiated by the applicant and is forwarded to:

- the department chair for comments and approval
- the dean for comments and approval
- the Center for Global and Local Engagement (GALE)

Deans, please submit the completed form electronically to Suzanne Lentz, Center for Global and Local Engagement (global@stthomas.edu) by 4:00 p.m. on Friday, November 6, 2015.

APPLICANT: please fill out this section prior to forwarding it to your department chair and dean for comments and approval.

Name: \_\_\_\_\_ St. Thomas ID number: \_\_\_\_\_  
Department: \_\_\_\_\_ College/School: \_\_\_\_\_  
Email: \_\_\_\_\_ Campus mailbox: \_\_\_\_\_  
Faculty status: \_ Full Prof \_ Assoc. Prof \_ Asst. Prof \_ Clinical  
Tenure status: \_ Tenured \_ On tenure track \_ Not applicable \_ Other: \_\_\_\_\_  
Date of initial full-time appointment at St. Thomas: \_\_\_\_\_  
Dates of proposed travel: \_\_\_\_\_  
Submission date: \_\_\_\_\_

Statement of support by department chair: Please comment on how the applicant's proposal for a St. Thomas Faculty International Travel Grant coincides with the applicant's proposed project and how the project aligns with department priorities and goals and the university's strategic plan.

Department chair's name: \_\_\_\_\_ Date approved: \_\_\_\_\_

Statement of support by dean: Please comment on how the applicant's proposal for a St. Thomas Faculty International Travel Grant coincides with the priorities and goals of the college or school and the university's strategic plan. By indicating your support here, you are agreeing to match GALE funds up to \$1,000.

Dean's name: \_\_\_\_\_ Date approved: \_\_\_\_\_