



# DELAWARE STATE UNIVERSITY

CENTER FOR TEACHING & LEARNING  
LINKING PROFESSIONAL DEVELOPMENT TO UNIVERSITY IMPROVEMENT

## REQUEST FOR TITLE III FACULTY TUITION SUPPORT PROGRAM

### Section to be completed by Faculty Member

<b>NAME</b>	<b>DSU ID NUMBER</b> D	<b>CAMPUS PHONE NUMBER</b>
<b>EMPLOYING INSTITUTION</b> Delaware State University	<b>DEPARTMENT</b>	
<b>FACULTY RANK: (Circle One)</b> LECTURER            ASSISTANT PROFESSOR            ASSOCIATE PROFESSOR            PROFESSOR		
<b>OFFERING INSTITUTION AND CAMPUS LOCATION</b>		<b>MAJOR/ MINOR</b>
<b>COURSE TERM/ QUARTER</b>	<b>COURSE NUMBER(S)</b>	<b>MEETING DAYS AND TIMES</b>

I certify that the information given herein and which my institution is authorized to verify, is true and complete and complies with appropriate policies. I agree to notify the appropriate office of any changes in the circumstances described in this request.	
<b>FACULTY MEMBER'S SIGNATURE</b>	<b>DATE</b>
<b>CHAIRPERSON SIGNATURE</b>	<b>DATE</b>
<b>DEAN SIGNATURE</b>	<b>DATE</b>

-----HOME INSTITUTIONAL APPROVAL-----

<b>DIRECTOR, CTL</b>	<b>DATE</b>
<b>TITLE III COORDINATOR</b>	<b>DATE</b>

-----FOR OFFICE USE ONLY-----

<b>TRANSACTION CODE</b>	<b>DSU ID Number</b>	<b>LAST NAME</b>
<b>ACCOUNT TYPE</b>	<b>TRANSACTION DATE</b>	<b>AMOUNT</b>
<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>	<b>AMOUNT</b>

1200 N. DUPONT HIGHWAY • DOVER, DELAWARE 19901-2277 • (302) 857-6140 • FAX (302) 857-7536

Delaware State University is an equal opportunity employer and does not discriminate because of race, creed, national or ethnic origin, sex, or disability.