

BETHUNE-COOKMAN COLLEGE

FACULTY ACTIVITY FORM

(Faculty Members are required to complete and attach this form to their Faculty Request for Absence Forms and/or Human Resources Leave Forms)

Faculty Name: _____
School/Dept. _____

Conference/Meeting Name: _____

Date: From _____ To _____
mm/dd/yy mm/dd/yy

Conference Type: International _____ National _____ State _____ Other (specify) _____

Kind: Workshop _____ Seminar _____ Summer Program _____ Advanced Study _____
(Degree _____ Certificate _____)

Your Participation: Attendee _____ Panelist _____ Presenter _____ Evaluator _____ Other _____

Budget Support: Institutional _____ Grant _____ (Name) _____
Other (specify) _____