



**OVCA FORM 110: FACULTY AND ACADEMIC SERVICE FACULTY DEVELOPMENT
AND CONTINUING SUCCESS PROGRAM**

Date: _____

For: **The Members of the Faculty/ASF Development Committee (F/ASFDC)**
THROUGH: Department Chair/Program Director/Head for _____

From: _____
Signature of Instructor/Professor/ASF over Printed Name

Full-time Full-time Fixed Part time
 Permanent Probationary
(1) (2) (3) _____

Subject: **Attendance in Faculty/ASF Development and Continuing Success Program**

This is to inform the Faculty/Academic Support Faculty Development Committee of the College/Department of _____ of my intention to attend a:

seminar/workshop **discipline-related training program**
 leadership formation program
 Others, please specify: _____

Title of the Faculty/ASF Development and Continuing Success Program:

Purpose/s:

Date/s of FDP: _____ No. of Days: _____
Destination/Venue: _____
Registration Fee: _____
Other Expenses: _____
(please attach the necessary supporting documents).

Thank you very much.

VERIFIED:

F/ASPDC Chair/Representative

ENDORSED:

Department Chair/Program Director/Head

RECOMMENDED:

Dean/Director

APPROVED:

Naomi M. de Aro, RN, MAN, EdD
Vice Chancellor for Academics

cc: F/ASFDC, File

