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/D	School/Dept.	
Conference/Meetin	ng Name:					
Date: From	n/dd/yy	To				
Conference Type:	International	National	State	Other (specify))	
Kind:	Workshop	_ Seminar	_Summer Pro	gram Adva (Degr	eeCertificate)	
Your Participation	: Attendee	Panelist	Presenter	Evaluator	Other	
Budget Support:	Institutional _	Grant	(Name)			
	Other (specify	y)				

Rev. OIR/NHP/11-12-04