Avenue to Success
Title III Program
Seminole Community College

Faculty Travel Assessment Report

(Please type or use black or blue ink.)

Name of Faculty:	**Phone No:**
Title:	**Department:**
Name of Activity:	**Amount Requested:**
Location of Activity:	**Amount Approved:**
Nature of Participation:	

Describe briefly, **in at least 250 words**, how your professional development will have a positive impact on student learning and success:

Signature: Date:

Please submit this completed and signed Faculty Travel Assessment Report, within ten days after the event, to the Title III *Avenue to Success* Office in Building L, Room L-014B, Sanford/Lake Mary Campus.

Title III *Avenue to Success* Office Use:			
Reviewed by Title III *Avenue to Success* Director:		**Date:**	