

PDA Application Form No.: \_\_\_\_ -- \_\_\_\_

(In the first two spaces write first and last initials & in the last 4 spaces write last 4 digits of your student ID number)

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GRADUATE STUDENT ASSOCIATION  
PROFESSIONAL DEVELOPMENT AWARD (PDA)  
APPLICATION PACKET

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### PURPOSE OF THE AWARD

The Graduate Student Association (GSA) has established the professional development awards (PDAs) to promote professional activities of graduate students at the University of Massachusetts Lowell. The PDA committee will determine the merit of each application through comparison with the other applications. The GSA will fund, the whole or in part, the PDAs determined to be meritorious. It is also understood that this award represents a supplement to the applicant's other resources of funding (e.g. advisor's grant, personal funds). There's no guarantee that every PDA application will be approved. Funds are usually used only for transportation, lodging and conferences fees (other expenses, such as for food entertainment, books, CDs, and etc, will not be covered by PDA).

### RESPONSIBILITIES OF THE APPLICANT

- y The applicant should not assume that funds have been approved unless he or she has received a written confirmation from the GSA.
- y Advance funds for professional development activities are not available.
- y The funds will be disbursed only after the applicant provides the original receipts for all expenses.
- y Those who are making presentations at conferences must give independent evidence of their presentation.
- y The applicant should make copies of all the receipts.

### IMPORTANT FACTS

1. PDA can be submitted before or within 30 days after the professional development activity
2. The approval process can take two to three months
3. There is a limit per student per academic year
  - a. \$ 500.00 for the students who have presentations (talk or poster)
  - b. \$ 250.00 for the students who only attend a conference
4. Any registered or matriculated graduate student in good standing may apply
5. PDA submission can be made to GSA c/o GPS Center, Suite 204, UMass Lowell, 839 Merrimack Street, Lowell MA 01854.

I, \_\_\_\_\_, \_\_\_\_\_, hereby, certify that I have  
(Signature of Applicant) (Date of Signature)  
read and understood all the contents on this page.

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APPLICATION INSTRUCTIONS

1. Submit this application form (see the attached pages).
  - a. Applicant signature on Page 2
  - b. Date and name of proposed activity
  - c. Description of the activity, along with the website and whether you will make a presentation (i.e., talk, poster session)
  - d. The abstract of the presentation submitted to the conference
  - e. Itemized list of expenses for the activity
  - f. The amount requested from the GSA.
2. Submit a copy of the receipts attached neatly on individual sheets to the PDA Application forms.
3. A copy of the applicant's student ID
4. Three peer review applications. The peer reviews must come from your classmates and must include:
  - a. Completed form by peer reviewer
  - b. A copy of the peer reviewer student ID
5. Submit Student Authorization Travel Form and UMass Lowell Liability Waiver Form. (Both of which can be downloaded from the GSA website)

I have completed all the required documentation for PDA. I will use the award money honestly to pursue professional development for the good of UMass Lowell and myself.

Signature

Date

Name:	Social Security Number:
Address:	Student ID number:
City, State and Zip:	Department:
Phone Number:	E-mail address:

FOR PDA COMMITTEE USE		
Amount Approved:	Approvals:	
Date Approved:	Initials: _____	College _____
	Initials: _____	College _____
	Initials: _____	College _____

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### PDA APPLICATION FORM

1. Date of proposed activity:
  
2. Description of purposed activity, along with the website, (use additional page to attach the submitted Abstract, the talk or poster presentation schedule and note here):
  - Presenting a paper
  - Presenting a poster
  - Attending seminar/workshop
  - Organizing
  
3. Summarize the perceived benefit from this activity in enhancing the image of graduate students at UMass Lowell:

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4. Itemized expected expenditures: (use one additional page if necessary and note here)

Item	Expenses

5. List other expected sources of funding for the activity:

6. Amount requested from GSA:

Signature:	Print name:
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Date (mm/dd/yy):

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### PDA PEER REVIEW FORM

SUBMIT THREE REVIEWS WITH EACH APPLICATION

Name of Applicant:

Student ID number:

Department of Applicant:

Name of Peer Reviewer:

Student ID number (must be a UML graduate student):

Department of Peer Reviewer:

Peer Reviewer:

Please make a brief statement about why you think this professional development activity will benefit the student and the university community.

Signature:

Print name:

Date (mm/dd/yy):

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For PDA Committee Use Only

Dear:

Date:

Your PDA application:

- Has been approved and been forwarded to the treasurer for processing.
- Has been approved for up to amount of \$\_\_\_\_\_. Please return the original receipts with this letter within 30 days after your proposed activity to the Graduate Student Association Office (placed in the PDA folder) located On East Campus in 839 Merrimack Street, Room 204.
- Has not been processed. Please resubmit your application including the following items:

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- Has been rejected.

Additional comments:

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Sincerely,

The PDA Committee

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**PDA Use only:**

Required Items	Reviewer 1	Reviewer 2	Reviewer 3
Liability Waiver form			
Travel Authorization form			
Chancellors signature on Travel Authorization form <b>if international trip</b>			
Application form No.			
Items A – D			
Presenter/Non-presenter			
Activity description			
Brief description for benefits of activity			
Copy of Student ID			
Peer reviewer 1			
Peer reviewer 1 student/faculty ID			
Peer reviewer 2			
Peer reviewer 2 student/faculty ID			
Peer reviewer 3			
Peer reviewer 3 student/faculty ID			
Travel Reimbursement form			
Original receipts [hotel, travel (Google/MapQuest miles, taxi receipts, toll receipts, boarding pass, rental car receipts), conference registration] for reimbursement			
Credit card statement(s)			
Name and number (last 4 digits) on credit card statement (should match with receipt)			
Correct/Match amount on reimbursement form; receipts and credit card statement(s) (if applicable)			
<b>TO BE COMPLETED IF PRESENTER</b>			
Copy of Abstract, paper or poster			
Copy of presentation schedule showing student is presenting			
Signature of PDA reviewer			
Comments			