



FACULTY DEVELOPMENT PROGRAM AGREEMENT TITLE III

Vice President for Academic Affairs
Fort Valley State University
Fort Valley, GA 31030

Dear Vice President for Academic Affairs:

I accept the support of Title III. I have read and am willing to abide by the terms of the grant as outlined in the Conditions for Eligibility document. I understand that I am required to reimburse the University should I voluntarily leave the University's employment prior to serving out my obligation.

Name: _____

Signed: _____

Date: _____

Copy: Dr. Larry Rivers
Dr. Daniel Wims
Dr. Melody Carter