**PROFESSIONAL DEVELOPMENT REQUEST**

**(College Funds)**

Persons requesting financial support from Vincennes University for professional development activities are to complete all applicable sections of this form. When completed, this form is to be submitted along with any additional requested paperwork for approval to the Dean or area supervisor. If funds are also being requested from the Provost’s Office, the original copy, with signatures, of this completed form should then be forwarded to the Provost’s Office by the college/area initiating the request.

**Please Check One: Workshop Conference Seminar Memberships**

**WORKSHOP/CONFERENCE/SEMINAR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(A copy of the workshop/conference/seminar/membership materials must be attached)**

**Other** Please give a description of the Professional Development you are seeking if it does not meet the definition of any of the above categories: **(Copies of materials relating to this request need to be attached.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Rationale**: Include a brief, BUT SPECIFIC, statement regarding how you expect this Workshop/Conference/Seminar will contribute to the job you are currently performing for your department, division, and the University at large.

Estimate of Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund:\_\_\_\_\_\_\_\_\_\_Org:\_\_\_\_\_\_\_\_Account:\_\_\_\_\_\_\_\_\_\_\_\_

**(Travel Request must be attached)** **(To be completed by the College Office)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

Approved Disapproved $ Approved

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College Dean or Direct Supervisor Date