



PROFESSIONAL DEVELOPMENT FUNDING REQUEST

Applicant: _____

Name of professional development opportunity: _____

Location (City & State) and Dates: _____

Brief description of training or learning opportunity (attach a copy of the program or agenda if available):

How will this opportunity benefit you?:

How will this opportunity fulfill MSU-Northern's Mission and Core Themes? Include a detailed description about how this activity directly fills one of the three Core Themes. <http://msun.edu/aboutmsun/mission.aspx>

If funds are granted to you, it will be an expectation to take what you have learned and present to:

(Examples: departments, schools, communities and professional development seminars)

Cost of the training or learning opportunity: \$ _____

Amount Requested: \$ _____

- In case of travel, a copy of the travel request must be attached. If no travel is involved, please provide an itemized list of expenditures.

Applicant: _____

Date: _____

Dean/Chair/Director: _____

Date: _____

Committee Chair: _____

Date: _____

Provost/Vice Chancellor: _____

Date: _____

For Committee Use: Date Received: _____ Approved: ____Yes ____No Amount Approved: \$ _____

Denial reason: _____