

PROFESSIONAL DEVELOPMENT FUND APPLICATION FORM

Date _____

Name _____

Title _____

Department _____ Location _____

Extension _____ Email Address _____

Name of Activity _____

Date(s) of Activity _____ Location _____

1. Statement by applicant which demonstrates the significance of this activity to his/her professional development:

2. Itemized list of expected expenses:

3. Amount contributed by applicant's department \$ _____

4. Amount requested from the Professional Development Fund \$ _____

Signature: Classified Staff Member

Signature: Department Chair/Supervisor

Committee's Action _____ Date _____