## Professional Development Activity Request Form Supplemental Funding Request College of Arts & Architecture

		Unit:	Į.	Position:	
Description of Activity:					
Date of Activity Location:	From:		_To:		
Type of Activity:	Conference				
	_ _Seminar				
	_Workshop				
	_Course (Credit:				
	_Other - describe				
Area of Application:	Dept		College		_Both
Training Provider: Purpose of Activity:	Train	ina	Development		_ Education
Purpose of Activity.	IIdIII	<u></u>	Development		_Education
Anticipated Costs:					
Registration fee			\$		
Lodging*			\$ \$ \$	-	
Food*			\$	_	
Transportation			\$	_	
Mileage to:					
Total:		/mile	<u>\$</u> \$	-	
Other/Miscellaneous	:		\$	<u>-</u>	
Total Request				\$	<u> </u>
PDA Support provide	ed by home unit		\$	-	
Other support - Pleas	se list source and	amounts			
ourse support it is a			\$		
			\$ \$ \$	_	
			\$	_	
Total Support provided by	home unit and oth	ner sources		\$	<u></u>
Total request for PDA sup				\$	<del>_</del>
	cribe the value o		•	•	
	ack of this sheet	or include it a	s a separate att	tachment.	
From the Supervisor		41-140		.0	
Are other staff from y	our unit attending	this event?	How many		
Immediate Supervisor Sig Unit Budget Administrator	riature Signature				
Onit Budget Administrator	olgilatare				
COMPLETED FORM SHO	OULD BE RECEIV	ED BY THE E	ND OF THE MO	ONTH BY:	
Shelly Marquard					
Amount recommended by	Staff Developmer	it Support Com	ımittee	\$	=
*The recommendation of s	supplemental supp	ort by the com	mittee has a ma	ximum of \$500	0.00
SPDSC Chair Signature_			Date		
Amount of support approved by the dean \$					_
Dean's Signature			Date		