Professional Development Training Request Form

Name of Person Submitting Form:	Date of Submittal: (M/d/yy)
Name of Training	Location (City, State, Site) of Training
Course Title (if applicable):	
Link to training/conference website:	
Training Date(s) and Time(s):	
Name of Attendee (if different from person submitting the form):	
Are there other Attendees:	(click yes or no) if yes, is this a team training? (yes or no)
	(onen fee of no, in fee, to time a team training.
Cost of Training	Prior Professional Development
Training Activity Cost	Have you received RTRF Funding for Professional
3	Development in the past? If so, please list dates
Lodging (if any)	(yes or no) Dates:
Transportation (if any)	
Per Diem (if any)	
Other Costs (if any)	
Total Cost:	
What is the objective of the training ac	ctivity?
How does the activity relate to the atte	ndee's official duties and functions?
How will the activity increase grant ca	pacity or support an existing grant?
What are the expected outcomes?	
How will these outcomes support the attainment of goals set in the program/unit Student Success Pathway?	
How will the results of this activity be	shared?
I understand that should I receive funding training travel report to the Chancellor via	g for this training activity/professional development, I am required to submit a post- my Dean/VC.
Requester Signature:	
Recommend approval:	
Department Chair/Unit Head:	
Program Administrator:	