

**Professional Development Activity Request Form
Supplemental Funding Request
College of Arts & Architecture/University Arts Services**

Name: _____ Unit: _____ Position: _____
 Description of Activity: _____

Date of Activity From: _____ To: _____
 Location: _____

Type of Activity: _____ Conference
 _____ Seminar
 _____ Workshop
 _____ Course (Credit: Yes ___ No ___) Site Visit _____
 _____ Other - describe: _____

Area of Application: _____ Dept _____ College _____ Both
 Training Provider: _____
 Purpose of Activity: _____ Training _____ Development _____ Education

Anticipated Costs:

Registration fee	\$ _____
Lodging*	\$ _____
Food*	\$ _____
Transportation	\$ _____
Mileage to: _____ from: _____	
Total: _____ at ___/mile	\$ _____
Other/Miscellaneous:	\$ _____
Total Request	\$ _____

PDA Support provided by home unit \$ _____

Other support - Please list source and amounts

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Support provided by home unit and other sources \$ _____
 Total request for PDA supplemental support from the Dean's office \$ _____

**Please describe the value of this Professional Development Activity
on the back of this sheet or include it as a separate attachment.**

From the Supervisor
 Are other staff from your unit attending this event? _____ How many? _____
 Immediate Supervisor Signature _____
 Unit Budget Administrator Signature _____

**COMPLETED FORM SHOULD BE RECEIVED BY THE END OF THE MONTH BY:
Shelly Marquardt 120 Borland, SPDS Committee**

Amount recommended by Staff Development Support Committee \$ _____
 *The recommendation of supplemental support by the committee has a maximum of \$400.00

SPDSC Chair Signature _____ Date _____

Amount of support approved by the dean \$ _____

Dean's Signature _____ Date _____

*See University Travel Policy Appendix 11 in GURU for CONUS daily meal limits