## Professional Development Activity Request Form

**Supplemental Funding Request**  
**College of Arts & Architecture**

<table>
<thead>
<tr>
<th>Name: _______________________________</th>
<th>Unit: _______________</th>
<th>Position: __________</th>
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</thead>
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**Description of Activity:**

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**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 $________**

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

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From the Supervisor  
Are other staff from your unit attending this event? _______ How many? _______

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**Immediate Supervisor Signature**

**Unit Budget Administrator Signature**

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**COMPLETED FORM SHOULD BE RECEIVED BY THE END OF THE MONTH BY:**

**Shelly Marquardt 120 Borland, SPDS Committee**

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**Amount recommended by Staff Development Support Committee $________**

*The recommendation of supplemental support by the committee has a maximum of $500.00

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**SPDSC Chair Signature**

**Date**

**Amount of support approved by the dean $________**

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**Dean’s Signature**

**Date**

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