



PROFESSIONAL DEVELOPMENT REQUEST FOR FUNDING

FACULTY AND INSTRUCTIONAL STAFF

DIRECTIONS: [Print or type]

- 1. \$300.00 MAXIMUM per semester for an individual employee
2. Complete the Request Form [Sections 1 OR 2 plus 3]
3. Obtain REQUIRED signatures
4. If traveling out of state, complete a Travel Authorization Form [leave the amount & fund coding block blank]
5. Submit the ORIGINAL request to the office of the Executive Vice President/Chief Academic Officer
6. Attach other related materials. [i.e. brochure, Travel Authorization Form, waiver, etc.]
7. INCOMPLETE FORMS WILL BE RETURNED TO SENDER [May delay funding]

NAME: DATE:

SSN: TOTAL AMOUNT REQUESTED

CHECK ONE: CONFERENCE/SEMINAR COLLEGE TUITION
[Complete SECTION 1 & 3] [Complete SECTION 2 & 3]

SECTION 1 CONFERENCE/SEMINAR Information

Conference Name:

Date(s):

Location:

BUDGET: Travel: Lodging:

Meals: Registration Fee:

Other:

**SECTION 2**

**TUITION**

**If you plan to attend a West Virginia State Supported College or University for masters/doctorate level courses, you must apply for a Tuition Fee Waiver prior to application for Professional Development funding. A copy of the fee waiver MUST be attached to this request. Graduate tuition paid to employees is taxable and will be reported to the IRS.**

ARE YOU ENROLLED IN A DEGREE PROGRAM? ' No ' Yes - Major/Minor Field(s) \_\_\_\_\_

INSTITUTIONNAME: \_\_\_\_\_  
L O C A T I O N :

<u>COURSE#</u>	<u>SECTION</u>	<u>TITLE</u>	<u>TIME/DAY</u>	<u>CREDIT HOURS</u>
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**SECTION 3**

[MUST BE COMPLETED]

JUSTIFICATION & SPECIFIC BENEFIT TO THE COLLEGE {How is this funding request related to your job?}

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- a. Have you received PD funding this fiscal year? ' YES ' NO  
If yes, state amount: \$ \_\_\_\_\_
- b. Have you received PD funds this fiscal year from your Division? ' YES ' NO  
If yes, state amount: \$ \_\_\_\_\_
- c. Is your Division willing to partially fund this request? ' YES ' NO  
If YES, state amount: \$ \_\_\_\_\_

**NOTE:**

- 1. If this request is approved and I do not attend the Conference/Seminar, I will contact the office of the Executive Vice President/Chief Academic Officer in WRITING, so that the money encumbered for my training may be used for someone else.
- 2. In case my tuition is paid and subsequently I withdraw from a class or receive a failing grade, I will repay the funds expended by Professional Development.
- 3. I understand that I may be asked to verify my course registration and/or my final grade.

REQUESTED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

DIVISION CHAIR: \_\_\_\_\_ Date: \_\_\_\_\_ ' Approved ' Not  
Approved  
Signature

EVP/CAO: \_\_\_\_\_ Date: \_\_\_\_\_ ' Approved '  
Not Approved  
Signature

SCP 2624.A

*January 13, 2003*