

APPLICATION FOR PROFESSIONAL DEVELOPMENT, 4CS BARGAINING UNIT

ONLY TYPED APPLICATIONS WILL BE ACCEPTED. SUBMIT BOTH HARD-COPY AND E-COPY.

Conference/Workshop/Seminar/Other : Application

Name: _____ Date Request Submitted: _____

Email: _____ Phone: _____

Check one: Faculty/Staff Adjunct Faculty

Activity/Event Title: _____

Type of Activity: _____

Conference / Workshop / Seminar / Other—be specific please.

Date(s) of activity: _____ to _____

Complete and attach a “**Travel Authorization**” request form (TA), and **include documentation** for all estimated expenditures; obtain all necessary signatures from supervisors and/or the dean on the TA.

Enter here the TOTAL AMOUNT requested on the Travel Authorization request form:

Total Requested: \$ _____

DEAN'S SIGNATURE: _____ DATE: _____

1. Briefly (a) describe the professional development activity and (b) explain the importance of this professional development endeavor to the College and to your professional growth (add pages if necessary).

2. How do you plan to share what you learn with QVCC faculty, staff and/or students?

Committee Recommends: _____ Signature of Chair: _____ Date: _____

Approved by President: _____ Date: _____