

APPLICATION FOR PROFESSIONAL DEVELOPMENT, 4CS BARGAINING UNIT

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

Tuition Application

Name: _____ Date Request Submitted: _____

Email: _____ Phone: _____

Check one: Faculty/Staff Adjunct Faculty

Educational Institution attending: _____

Title of Course: _____

Date(s) of activity: _____ to _____ Tuition & Fees: \$ _____

Textbooks: \$ _____

(Attach documentation for all costs.) Total Requested: \$ _____

DEAN'S SIGNATURE: _____ DATE: _____

1. Briefly (a) describe the course and (b) explain the importance of this professional development activity 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 CEO: _____ Date: _____