

The Professional Development Assistance Form should be submitted for approval at least 30 days prior to the event.

Important: Please review guidelines prior to submitting an application.



**Mississippi Valley State University
Title III Professional Development Assistance Form**

Name:		Date:	ID#:
Department:		Title:	
Work Phone:	Other Contact:	Supervisor/Dept. Head:	
Name of Conference/Workshop:			
Location*:		Date(s) of Attendance:	

** If the training is provided online, please state "online" in the "Location" section.*

Estimated Expenses:	Airfare	_____
Include Title III expenses only, not to exceed \$1,500.	Car Mileage	_____
	Registration (including online training)	_____
	Lodging/Hotel	_____
	Meals	_____
	Other (i.e., taxi, baggage, etc.)	_____
	Total	=====

Briefly relate how your participation in this activity will enhance academic programs or academic/institutional support for your department and/or the University. (Please attach an additional sheet if necessary.)

Requestor's Signature: _____

Approved

Denied

Approved

Denied

Supervisor/Department Head

Date

Activity Director (Faculty/Staff Dev.)

Date

Approved

Denied

Title III Director

Date

Reason for denial: _____