All Student Affairs employees must request to attend professional development events and any travel required for associated professional development events for UM business travel. Please submit this form to the Executive Director of your unit.

**SECTION 1: Applicant Information**

Date: _________________________

Name: ____________________________________________________________________________

Department: _______________________________________________________________________

Position Title: ______________________________________________________________________

Phone: _____________________ Email: ____________________________________________

**SECTION 2: Event Information**

☐ Participant ☐ Presenter ☐ Volunteer ☐ Organizer

Event Title: _________________________________________________________________________

Location: ___________________________ Event Dates: ___________________________

Dates Away from UM (includes travel days/weekends) : ___________________________

☐ Event Agenda Attached (please provide a printed agenda)
SECTION 3: Budget Estimate and Funding

Please use CAD currency.

Registration: $ ____________  Airfare: $ ____________________  Taxi: $ ______________

Bag Fees: $ ________________  Seat Selection: $ ______________

Hotel rate with taxes: $ _______ X _____ # of Nights  Hotel Total: $ ______________________

Meals (please specify): ______________________________________________________________

NOTE: Do not include meals provided with the conference registration. $ ____________________

Misc. (please explain): $ __________________________________________________________________

Estimated Total Cost of Attending: $ ______________________________________________________

Additional Funds Available: $ __________________________________________________________

Source of additional funds (i.e., Dept. funds; UMFA PD funds): _______________________________

AMOUNT REQUESTED in CAD from SAPD Travel Fund (if any): $ ______________________________

SECTION 4: Benefits and Previous Professional Development

Describe the benefits of this PD opportunity to your personal/professional development:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Describe the benefits of this PD opportunity to your unit and Student Affairs more broadly:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

List last three conferences and dates attended:
1) ____________________________________________     Dates: ____________________________
2) ____________________________________________     Dates: ____________________________
3) ____________________________________________     Dates: ____________________________

Signature of Applicant: ________________________________________________________________
SECTION 5: Supervisor Comments

Outline the benefits of this PD opportunity for this individual and the unit. Indicate any adjustments/challenges in work schedules needed to accommodate the activity.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

SECTION 6: Signatures

Supervisor: ___________________________________________  Date: ________________________

Signature: ___________________________  Date: ___________________

Comments: _______________________________________________

___________________________________________________________________________________

Executive Director__________________________________________

Signature: ___________________________  Date: ___________________

Comments: _______________________________________________

☐ Approved      ☐ Not approved at this time