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 Marcia Davies, 208 Administration Building, marci.davies@umanitoba.ca

Please note that:
• Forms are to be submitted no later than six weeks prior to the event or travel dates
• Presenters, organizers and volunteers at conferences will be given special consideration
• Applicants who have not attended any conferences in the last three years may be given priority
• Availability of existing budget funds (i.e., departmental funds, UMFA PD funds, etc.)
• Professional obligations/duties to organizing committee and/or professional organization
• Relevance to job/work and contribution towards career development

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:** ____________________________________________________________
___________________________________________________________________________

**Director/Executive Director/Registrar:** __________________________________________
**Signature:** ____________________________________________________________  **Date:** ______________________
**Comments:** ____________________________________________________________
___________________________________________________________________________

**Vice-Provost (Students) Signature:** __________________________________________  **Date:** ______________________
**Comments:** ____________________________________________________________

☐ Approved  ☐ Not approved at this time