

MISSOULA COLLEGE UM PROFESSIONAL DEVELOPMENT REQUEST PROPOSAL

Directions: Please complete the following information in full. Copies of all documents including UM Travel Authorizations must be attached. Incomplete applications will be returned to the applicant.

Name _____

Department _____

Event: _____

Index Code MCTI16-ACTV2

Place of event: _____

Sponsor of event: _____

Date(s): _____

Is this activity required for your program?

Yes ____ No ____

Department Chair Approval ____ (initialed)

Provide a summary of how your participation in this training and/or educational experience will benefit you professionally.

Provide a summary of how your participation in this training and/or educational experience will directly benefit your students. Please include the impact this experience has on courses you currently teach or will teach.

Provide a summary of how your knowledge gained from this training and/or educational experience could be shared with your peers (if appropriate).

Estimated Cost:

Airfare (attach estimate): _____

Hotel + Tax (attach estimate): _____

Meals (meets UM Per Diem): _____

Registration fee (attach registration documentation): _____

Private vehicle (@current state rate): _____

State vehicle: _____

Other expenses: _____

Total estimated expense in agreement with UM Travel Authorization form (copy attached): \$ _____

Amount requested from Professional Development funds: \$ _____

Amount requested from Department/Program funds: \$ _____

Amount to be provided from personal funds: \$ _____

Please detail your contribution, monetary or otherwise, to professional development event: (This also includes using your own vehicle, staying with a relative, etc...)