Request for Professional Development Assistance

Requestor's Name: ___________________  EID: _______  Date: __________

Description of Professional Development (event, location, time):

Student's role in activity (giving a paper or poster, other):

Estimated Costs:

    Airfare: _______________________
    Lodging: _______________________
    Meals: _______________________
    Registration: ___________________
    Other: _______________________

Total: _______________________

Amount originally account: _______________________
Requested from JSG Account: _______________________
Amount previously funded by JSG: _______________________
Balance (if this action is approved): _______________________

Supervisor's Name: _______________________
Supervisor's Signature: _______________________
Date: _______________________

AMOUNT APPROVED FOR THIS REQUEST: ______________________