Request for Professional Development Assistance

Requestor’s Name: ___________________________ 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 accounted

Requested from JSG account

Amount previously funded by JSG

Balance (if this action is approved)

Approved: ___________ Amount: ___________ Disapproved: ___________

Supervisor’s Name: ___________________________ Date: ________________