

BROOKDALE COMMUNITY COLLEGE

Department/Division Funding Request For Professional Development

NAME _____ DATE _____
PHONE _____ E-MAIL _____
DEPARTMENT _____ DIVISION _____

(Please check the appropriate category)

Administrator Faculty Staff

Briefly describe the activity and attach copies of any brochures or related materials.

A. What: _____

B. Where: _____

C. When: _____

D. Why _____

One Guiding Principle for resource allocation is to share information gained at the broadest relevant level upon completion of the activity/program. How and to whom will you share the information you have learned?

Cost of activity:

1. Registration Fees: _____

2. Other Costs: _____

3. Total estimated cost for entire activity (Required): \$ _____

4. Amount requested from the Department/Division: \$ _____

Your Signature _____ Date _____

Faculty: Academic Division Dean Signature _____ Date _____

Administrator/Staff: Supervisor Signature _____ Date _____

Dean or VP Signature _____ Date _____

Amount Approved from Department \$ _____

Amount Approved from Division \$ _____