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| **\\mmc-fil-00.mmc-s1.mountmadonna.org\MMC User Documents\sumathi\Desktop\MMI Only-Logo-Color-vertical.jpg** | **Professional Development Request Form** |

**Applicant Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Information** (*Please attach the event brochure)*

**Title of the Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This conference will provide the following development opportunities:** (Rationale for attending;*how does this activity relate to my teams goals/objectives, what are desired outcomes for this activity, what you are going to do with what you learn, and how does this activity increases success):*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Select Program/s Benefiting from this opportunity:**

All Programs  Schools only

Yoga  Ayurveda  Community Studies  Ayurveda World  Kaya Kalpa

**EXPENSES Information Advance Expense to be**

**Payment required submitted following**

**Registration Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Airfare: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mileage:\_\_\_\_\_\_\_miles @\_\_\_\_\_\_\_\_\_\_rate = \_\_\_\_\_\_\_\_\_\_\_\_**

**Parking:\_\_\_\_\_\_\_days @\_\_\_\_\_\_\_\_\_\_+rate = \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lodging:\_\_\_\_\_\_\_ /night @\_\_\_\_\_\_nights = \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meals: \_\_\_\_\_\_\_\_ days @ \_\_\_\_\_\_\_\_\_\_rate = \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other** (please describe\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Total Request Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Upon completion of the activity I agree to provide my supervisor with a paragraph summarizing the information presented and submit original expense receipts.

Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**Approvals**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Department Chair)

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sarada Diffenbaugh, Provost)

Please return competed application to your supervisor

When all signatures are complete submit to MMI Accounts Payable (Jaya Maxon)