|  |  |  |  |
| --- | --- | --- | --- |
| NAME (Last, First): |  | REQUEST DATE: |  |
| PROGRAM: |  | ATTENDEES:  |  |
| **CONFERENCE INFORMATION** |
| NAME: |  | TRAVEL DATES: |  |
| LOCATION: |  | ESTIMATED COST: | $ |
|  |  | REQUESTED FUNDS: | $ |

Please attach any available links/flyers including details regarding registration fees, lodging, means and other costs associated with the travel requested.

**CHECK ONE**

|  |
| --- |
| **College/Division Business** (Travel resulting from work assigned by supervisor or College Administration) |
|  | Supported by Academic Affairs  |
|  |  | *Please note the conference or project.* |  |
|  | Supported by Division |
| **Professional Development** |
|  | Program/Discipline i.e., curriculum  |
|  |  | *Please identify the curriculum.* |  |
|  |  | Individual Interest |
|  |  | *Please identify the how this benefits LCC.* |  |
|  |  | Associated with accreditation and/or licensure |
|  |  | *Please identify.* |  |

**INDICATE OTHER FUNDING SOURCE(S), IF APPLICABLE:**

|  |  |
| --- | --- |
| Funding Source(s) (grant, EDF, etc.) |  |
| Amount Requested: | $ | Approved (Y/N)?  |  | Amount Approved | $ |

**HOW WILL THIS CONFERENCE BENEFIT YOUR PROGRAM?**

*(Include how you plan to implement the skills/knowledge obtained)*

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Administrator Approval |  | Date |  |
| *Please add any notes (i.e., justification, change to the requested amount, etc.)*  |
|  |