APPENDIX D
Professional Development Program (SDP)

Degree Program Application Form

Instruction: SDP funding requests must be submitted to the committee with all the required documents to be considered. Application should include; this application form, a brief essay explaining the activity and how it will benefit the College and the individual applying, a letter of recommendation from immediate supervisor, program brochure, letter of acceptance[letter of intent], and an itemized list of expenses. Request must be submitted prior to program's commencement date.

Name:_____   **Date**:_____
         Last Name   First Name

_____   _____   _____
Job Title   **Years of Service with the College**   **Office/Campus**

Degree Sought: **Name & Address of School**
[ ]Associates Degree   _____
[ ] Bachelor's Degree   _____
[ ] Master's Degree   _____
[ ] Doctorate Degree   _____

Starting date of Program: _____
Projected date of Completion: _____

Financial Assistance sought from Staff Development Program (provide an itemized cost list)
$_____

Other funding sources sought and amounts awarded and/or expected:
_____ $_____
Name of Funding Source   Amount
_____ $_____
Name of Funding Source   Amount
_____ $_____
Name of Funding Source   Amount

_____   _____
Signature of Applicant   Date

_____   _____
Signature of Immediate Supervisor   Date

_____   _____
Signature of Campus Director/Vice President   Date

Committee's Action:

Recommend_____   Not Recommended_____

Professional Development Program (SDP)

<u>Non-Degree Program Application Form</u>

Instruction: SDP funding requests must be submitted to the committee with all the required documents to be considered. Application should include; this application form, a brief essay explaining the activity and how it will benefit the College and the individual applying, a letter of recommendation from immediate supervisor, program brochure, letter of acceptance, and an itemized list of expenses. Submit you request prior to program's commencement date.

Name:_____   **Date**:_____
      Last Name   First Name

_____   _____   _____

Job Title   **# Years of service with COM-FSM**   **Office/Division**

Check Program Type   **Program Name & Address**

                                      _____
[ ] Conference   _____
[ ] Workshop   _____
[ ] Other_____   _____
             Specify

Program Starts on: _____ **Ends on**: _____

Financial Assistance sought from Staff Development Program (provide an itemized cost list)
$_____

Other funding sources sought and amounts awarded and/or expected:
_____ $_____
Name of Funding Source   Amount
_____ $_____
Name of Funding Source   Amount
_____ $_____
Name of Funding Source   Amount

_____   _____

Signature of Applicant   Date

_____   _____

Signature of Immediate Supervisor   Date

_____   _____

Signature of Department Head/Vice President   Date

Committee Action:

Recommended_____   Not Recommended _____