



Application for Professional Development Support

Please return to: Kim Harris, SEAS Human Resources
Office 20 University Rd, 6th floor, (617) 495-4586

Part 1: Applicant and Conference Information. Please complete all fields.

Employee: _____ Job title: _____

Supervisor: _____

Event: _____ Dates attending: _____

Event location: _____

Anticipated expenses Registration (member rate) \$ _____

Transportation (flights, cabs): \$ _____

Lodging: \$ _____

Meals: \$ _____

Total requested: \$ _____

If you anticipate receiving other funds please indicate the source and amount: \$ _____

Is this your first application for professional development support during this fiscal year? Yes No

Explain briefly why you wish to attend. Please attach a flyer if available.

If you are an active committee member for this conference/organization, please explain your role.

If you will be making a presentation, please attach an abstract or summary.

Applicant signature _____ Date _____

Part 2: Supervisor Approval

Please indicate number of days of release time required for this activity:

Supervisor signature _____ Date _____

Part 3: Human Resources Approval

HR signature _____ Date _____

Amount: \$ _____