Date

**Click here to enter a date.**

Name

**Click here to enter name.**

Department

**Click here to enter department.**

College or Division

**Click here to enter College or Divison.**

Narrative - Using the criteria below provide a narrative for your request.

* Please limit your narrative to 400-500 words.
* Title, description, date and location of proposed activity.
* Describe how attendance at this event will enhance your ability to do your job.
* Describe how this professional development supports the goals and strategic plan of your department or unit, and how your attendance will benefit the UW Oshkosh campus community.
* An estimate of the number of people and/or type of program that will be affected by your attendance and how the information will be disseminated.
* If more than one person from your unit is applying for funding to the same program, each person must submit a separate application with different goals.
* If applicable, rationale for why multiple people from your department/unit need to attend the same activity.

*Click here to enter narrative.*

Is there another funding source(s) for this professional development?

**Choose an item.**

If yes, identify what source is being used.

**Click here to enter source.**

How much from the other source(s) will you receive?

**Click here to enter amount.**

Enter the dollar amounts for the categories. Be sure to add the amounts and insert a total. While filling in an amount you’ll temporarily not see the previous field amount until you move to the next field.

|  |  |
| --- | --- |
| **REQUESTED ESTIMATED BUDGET** | |
| **Expense Category** | **Amount** |
| Registration Fee | Enter amount. |
| Transportation | Enter amount. |
| Lodging | Enter amount. |
| Other (describe)  *Click here to enter Other text.* | Other amount. |
| TOTAL | TOTAL amount. |

Supervisor’s Name:

Click here to enter supervisor’s name.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click here to enter a date.

**When done, save the form, obtain supervisor’s signature, resave, and   
then submit electronically to marshalr@uwosh.edu**