|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.)* | | | |
|  | | | |