



STAFF & PROGRAM DEVELOPMENT APPLICATION

Attach required documentation for consideration. It is the responsibility of the applicant to ensure that the request/proposal complies with the current SPD Handbook. Download and save the template prior to completing.

Name _____

1. Amount of Tuition, Conference/Registration Fee, Equipment, or Program Development Request (No commas) \$ _____

2. Estimated Travel Expenses including Hotel, Meals, Transportation, Mileage (Include approved/signed Travel Form) \$ _____

Total Amount of SPD Request (• { } ^ • / a / G / Z a a { } []) ^ • o s A F I € E D \$ _____

List specific benefits to LSSC from this request or proposal (attach additional documentation if needed)

Are you using any cost-effective methods (i.e. room sharing, carpooling, lowest transportation option)?

Yes No If Yes, explain: _____

Are you currently receiving financial aid related to this application: Yes No

Have you applied for financial aid to fund this application: Yes No

Type of Application (Check appropriate category. See SPD Handbook)

I. STAFF DEVELOPMENT REQUEST

Tuition - Course Prefix Number/Title (see page 6): _____

Degree _____ Institution _____ Cr. Hours _____ Term _____

Course Tuition for Certificate in _____ Organization _____ Hours _____

Conference Title (see page 7): _____

Location _____ Date: _____

Back-To-Industry (see page 8): _____

In-Service (see page 9): _____

II. EQUIPMENT REQUEST

Equipment (see page 9): _____

III. PROGRAM DEVELOPMENT PROPOSAL (see pages 10-13)

Research/Investigation _____

Implementation _____

Educational Enhancement _____

Applicant's Signature _____ Date _____

Supervisor _____ Date _____

Dean/Director/AVP _____ Date _____

Vice President(or President) _____ Date _____

Properly completed/signed paperwork should be submitted for reimbursement within ten days of attending a conference/completion of a course to receive reimbursement. Paperwork submitted for reimbursement after the fiscal year in which the funds were applied for will be paid from the next year's SPD budget and counted towards the employee's maximum for the year in which it was paid.	Date Application Received _____
	Approved/SPD Chair _____ Date _____
	Amount Approved \$ _____
	Approved/President _____ Date _____
	Rejected/Reason _____