



Applicant's Name: _____

Date: _____

Position: _____

Fiscal Year: _____

Email Address: _____

Phone#/Local: _____

Specify PD Activity/Event – include dates, locations, name, company, etc...

Briefly specify how this activity meets the definition of professional development (see Policy)

Cost Analysis

Registration/Tuition Fees:	\$	_____
Materials/Supplies/Books:	\$	_____
Transportation:	\$	_____
Accommodation:	\$	_____
Meals:	\$	_____
Projected Costs:	\$	_____
Total Projected Costs	\$	_____
PD Funds Requested	\$	_____

Requests exceeding \$1,500 maximum (or pro-rated amount), please indicate how the remaining costs will be covered:

Instructions: When making submission for PD funding, please complete this form, attach relevant documentation; i.e. brochures, course/course outline, dates of activity and cost information. Please forward completed form for processing to: The President's Office, attention Kimberly Quibell (kquibell@coastmountaincollege.ca)

Professional Development Evaluation Group Approval:

Vice President

Vice President

President