

Roanoke College
Staff Professional Development
Request Form

Name: _____

Job Title: _____

Department: _____

Date Submitted: _____

Type of Professional Development Activity:

Seminar

Workshop

Professional Conference

Specialized Training Class(es)

Class(es) for Certification, Accreditations or Credentialing

Other (please list below)

Description of Activity including date(s):

Describe the goals to be accomplished:

Estimated Cost: _____

Employee Signature _____

Supervisor's Approval (required) _____