

PROFESSIONAL DEVELOPMENT / WORKSHOP REQUEST APPLICATION

Date Submitted _____

Name _____

Workshop Title: _____ Workshop Date _____

Reason for attending workshop and/or professional development:

_____.

Please attach a copy of the professional meeting agenda or other related materials, if available.

Workshop Expenses

Workshop Fee _____

Mileage Expense _____

Hotel _____

Total Cost _____

Upon attending the workshop and/or professional development, I will complete and turn in to the District Office a Professional Development Report and will be willing to share the information gained from attending the workshop and/or professional development with other staff in the District.

Principal

Date _____

Superintendent

Date _____

Approved

Not Approved

___ Original: Michelle to register

___ Copy to: Teacher, Gretchen