



Student Affairs Professional Development Funds Request

This is a fillable form that you can fill out, save, and then submit as an email attachment.

Your name and position:

Name and brief description of proposed event:

Location, date(s) and time(s) of event:

Registration cost and any expected travel or other related costs:

Reason you would like to attend (professional benefit):

Benefit to EWU should you attend:

Supervisor signature (Supervisor, if you approve, simply enter your name and date and send back to requesting employee and this will serve as your signature):

_____ Date: _____