

Form for Professional Development Proposal Bowling Green Community College

**Please submit your completed form to Charles Borders, Chair of the BGCC Professional Development Committee.
Attach a copy of the registration form and other information related to this event (website, brochure, etc.).
Please try to submit this form at least 30 days prior to the needed approval.**

Name:	Division:	<input type="checkbox"/> Full time faculty <input type="checkbox"/> Part time faculty
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Title of Conference/Activity/Event:

Location of Event:

Date of Event: Date approval needed:

Describe conference and your role at the conference:

Indicate estimated expenses to be reimbursed:

	Requested	Approved
Travel (air fare or other transportation)		
Registration		
Lodging*		
Meals*		
Other* (airport parking, car rental, etc.)		
Total estimated expenses:		

(*NOTE: Original receipts are needed when submitting for reimbursement.)

Dates of absence from work:

If classes or other assignment will be missed, indicate how those will be handled:

By requesting funds for this event, I agree to share the information and resources obtained with my colleagues by the following method(s): _____ . (a presentation, a paper, submitting information to the PD website, poster presentation, a table/tent presentation for a BGCC All College Meeting, etc.)

_____ Your Signature

Failure to do so may result in denial of future funds.

Your participation at the event contributes to which of the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Student Success | <input type="checkbox"/> Strengthening of Associate Degree Program |
| <input type="checkbox"/> Student Retention | <input type="checkbox"/> Marketing and Recruitment |
| <input type="checkbox"/> Increasing Graduation Rates | <input type="checkbox"/> Student Engagement |
| <input type="checkbox"/> Improved Student Learning | |

Does this event count toward professional CEUs?

What other events using Professional Development funds have you attended in the last budget year?:

Signature of Faculty Member:	Date:
Signature of Division Chair:	Date:
Signature of Dean:	Date:

The Professional Development Committee will complete this section of this form.

The Professional Development Committee recommends that your expenses be supported in the amount of _____ . Please work with Stephanie Hooker for travel arrangements, registration fee, and reimbursement.

The following URL has information and forms to submit travel expenses for reimbursement:
<http://www.wku.edu/Dept/Support/FinAdmin/Travel.htm>

(The above forms may be filled out online. After completing the form online, you must print the form in order to obtain the needed signatures and submit it to the Travel Office. You need to include your original receipts.)

Signature of Chair of Professional Development Committee:	Date:
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Within two weeks after returning from this event, please submit to the Professional Development Committee a report on how this event benefits you, your program, your co-workers and students.

After the decision, a copy of this form will be distributed to the following:

- Applicant Committee Chair Stephanie Division Chair Dean's Office

Please inform the Committee if you decide not to attend this event.