

**EGF Campus Skills for Teaching/Technical Updating Funds
S.T.T.U.F. Application**

Name:

Date:

Position/Program:

Cost Center:

NOTE: Attach copy of approved request for *Absence from duty* to this application, if applicable.

Reason for Application:

Description of Activity: (Include topic, sponsor, purpose, format [course, workshop]. Attach agenda/flyer if available.)

Location:

Date(s) Involved:

Professional Objectives:

(How will this benefit you, your students, your program, and/or college?)

Estimated Total Cost (same amount as on *Absence from duty*, if applicable):

\$_____

Indicate amount to be paid by individual or department:

\$_____

Total amount requested from S.T.T.U.F. \$_____

(Full time faculty Maximum: \$250)

To be completed by Campus Professional Development Committee Chair

Date application received: _____

_____ Approved

Amount Approved: _____

_____ Denied- Reason if denied:

Program CC# Amount: _____

Campus Professional Development Chair

MSCF Campus President