

**East Grand Forks Campus
Skills for Teaching/Technical Updating Funds (STTUF Funds) Application**

NAME: _____ POSITION/TITLE _____

PROGRAM: _____ Full Time/Part Time/Adjunct

Part Time or Adjunct credit load _____

What professional development activity are you applying for?
(Please include information describing the event you wish to attend.)

When is the activity taking place?

Where is the activity being held?

Professional Objectives:

Anticipated Total Activity Cost (=) _____

Submitted by: _____ Date: _____

Amounts over \$300 must be approved by Supervisor/Dean for use of College Professional Development Funds.

STTUF Funds request _____ Amount: _____ (Maximum \$300.00)	Cost Center <u>163821</u>
Approved: _____ Karen Znajda or Bobbie Taylor	DATE: _____
Request College Professional Development Funds for remainder of costs to be preapproved by supervisor or dean.	Cost Center _____
Amount: _____	Cost Center _____
Approved: _____ Signature of Supervisor or Dean	DATE: _____
STTUF excess disbursement (reviewed and approved in April)	
Amount: _____	Cost Center <u>163821</u>
Approved: _____ Karen Znajda or Bobbie Taylor	DATE: _____