Roanoke College  
Staff Professional Development  
Request Form

Name: ________________________________________________________________

Job Title: ______________________________________________________________

Department: _____________________________________________________________

Date Submitted: __________________________________________________________

Type of Professional Development Activity:

- Seminar
- Workshop
- Professional Conference
- Specialized Training Class(es)
- Class(es) for Certification, Accreditations or Credentialing
- Other (please list below)

Description of Activity including date(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe the goals to be accomplished:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Estimated Cost: _________________________________________________________

Employee Signature ____________________________________________________

Supervisor’s Approval (required) __________________________________________