ST. CLOUD STATE UNIVERSITY

MSUAASF PROFESSIONAL IMPROVEMENT FUNDS APPLICATION

Name: State ID Number:

Department: Date:

Grant Activity Date(s): Grant Activity City/State:

Describe the proposed professional improvement activity:

Itemize Expenses *(Must be in accordinance with MN State travel regulations)*	**Amount**	**Explanation**
• Tuition / Registration		
• Transportation		
• Lodging		
• Meals		
• Fees		
• Other (Specify)		

Total:

Explain how this training will benefit you and the University in your subsequent work:

Supervisor: ☐ Approve ☐ Deny* _____ _____
Signature Date

Comments: _____

_____

Unit Vice President: ☐ Approve ☐ Deny* _____ _____
Signature Date

UPON APPROVAL OF THE SUPERVISOR AND UNIT VICE PRESIDENT, ELECTRONICALLY SUBMIT THE FULLY SIGNED APPLICATION VIA EMAIL TO THE MSUAASF TREASURER BY THE APPLICATION DEADLINE

MSUAASF PIF Committee: ☐ Approve ☐ Deny* _____ _____
Signature Date

**NOTE: If the request for funding is not approved, a notification and explanation is to be provided to the employee in a timely manner by the person/committee denying the request.*