



# 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:

<b>Itemize Expenses</b> <i>(Must be in accordance with MN State travel regulations)</i>	<b>Amount</b>	<b>Explanation</b>
• 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.*