**APPLICATION**

MSUAASF PROFESSIONAL IMPROVEMENT FUNDS

St. Cloud State University

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 accordance with MN State travel regulations)

 Amount/Explanation

* Tuition/Registration
* Transportation
* Lodging
* Meals
* Books/Supplies
* Fees
* Other (specify)
* TOTAL

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

**Supervisor:** □Approve □Deny\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature Date

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.