



Department of
Chemistry

Training and Support Fund Request Form

Name

Date

Type of Training Requested - Please attach brochure or descriptive information.

Mini-course*

Seminar*

Conference*

STEP

Training Materials

Other

*Please provide the following information:

Offered by

Location

Date(s)

Describe value resulting from the training as it relates to your job description.

Supervisor Recommendation. Supervisor Name:

Funds Requested - Be specific as possible on course and travel cost estimates.

Course Fee(s)

Travel

Per diem

Other

Total

Committee Action

Department Action