



# STAFF DEVELOPMENT REQUEST FORM

## NON-DEGREE CREDIT COURSES FOR ACADEMIC STAFF

### PART A. APPLICANT TO COMPLETE AND FORWARD TO APPROPRIATE DEAN/DIRECTOR/HEAD OF ADMINISTRATIVE UNIT

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Employee Group: \_\_\_\_\_ Department: \_\_\_\_\_ Office phone #: \_\_\_\_\_  
 Interdepartmental mail address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**1. Non-Degree-Credit Course(s)**

Courses that begin and end on the same dates can be put on the same form. Please complete separate forms for courses that begin or end on different dates.  
**Form must be submitted at the time of registration, for approval prior to start date of course(s).**

Course Title(s):  
 1) \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
 2) \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
 3) \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Institution: \_\_\_\_\_  
 Course Begins: \_\_\_\_\_ Course Ends: \_\_\_\_\_

2. Photocopy of fee statement:  Attached  To be submitted with mark / proof of satisfactory completion

3. **Declaration**

I declare, for purposes of this staff development application, that:

- a) I am a full-time academic staff member of the University;
- b) I shall notify the Executive Director of Human Resources, forthwith, of any change affecting my eligibility for staff development reimbursement;
- c) I have reviewed and understand the eligibility requirements for staff development reimbursement (see "Eligibility Requirements - Academic");
- d) the information provided in this application is accurate and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B. DEAN/DIRECTOR/HEAD OF ADMINISTRATIVE UNIT TO SIGN AND FORWARD TO LEARNING & DEVELOPMENT SERVICES, 222 ISBISTER BUILDING

I authorize this application, which meets the eligibility requirements for staff development reimbursement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART C. VICE-PRESIDENT (ACADEMIC) & PROVOST TO SIGN AND FORWARD TO LEARNING & DEVELOPMENT SERVICES, 222 ISBISTER BUILDING

I authorize this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART D. FOLLOWING COMPLETION OF COURSE, COMPLETE THIS SECTION ON PHOTOCOPY, ATTACH TO MARK/FEE STATEMENT AND RE-SUBMIT TO LEARNING & DEVELOPMENT SERVICES

- Photocopy of mark or proof of satisfactory completion
- Photocopy of fee statement or proof of payment (if not already submitted)

### PART E. FOR COMPLETION BY LEARNING & DEVELOPMENT SERVICES

1) Amount: \$ \_\_\_\_\_ University start date: \_\_\_\_\_  
 2) Amount: \$ \_\_\_\_\_  
 3) Amount: \$ \_\_\_\_\_ Fiscal year: 201 / 1 A # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Photocopy sent  Access

**FOAP to be charged: 110000 – 520702 – 71010 – 1200 Amount to be Reimbursed: \$ \_\_\_\_\_**