



ALAMOGORDO

Professional Development Request – Supervisor Approval

Date: _____

Applicant Section

Applicant Printed Name: _____

Applicant Signature: _____

E-mail: _____

Brief Description of Activity:

Supervisor Section

Supervisor Printed Name: _____

Supervisor Signature: _____

E-mail: _____

Approval: Y N

I will verify that the applicant, if supported, will share acquired knowledge from the activity with the College Community.

Maximum amount provided by Division or Department (\$): _____

Index number for cost-sharing from Division or Department: _____

Comments:

Return this form to Applicant