



Form B – Request for Approval of Training

Section 1: Requester

Institution

Name

Title

E-mail

Phone

Section 2: Sponsor

Institution/Organization/Individual

Address

Phone

Section 3: Name and Purpose

Name of Training

Purpose of Training

Section 4: Logistics

Training Date

Training Location

Training Times

Total Amount of Training Hours Requested

Section 5: Speakers/Presenters

Speaker/Presenter 1 - Name

Speaker/Presenter 1 – Affiliation (Institution/Organization)

Speaker/Presenter 2 - Name

Speaker/Presenter 2 – Affiliation (Institution/Organization)

Speaker/Presenter 3 - Name

Speaker/Presenter 3 – Affiliation (Institution/Organization)

(Attach a biography or resume for each speaker/presenter.)

FOR CHANCELLOR’S OFFICE USE ONLY

Received Date: _____

Approved/Not Approved: _____

Other: _____