**College of Health & Human Services**
Student Development Expense Justification/Request  - AY 2023-2024

H&HS

## 1. FACULTY SPONSOR INFORMATION

Route for approvals PRIOR to event registration.

Name _____

Phone# _____     Email _____     Department _____

## 2. STUDENT INFORMATION

Name _____     Student ID# _____

Phone# _____     Email _____

## 3. ITEM INFORMATION      - Select and provide information in appropriate box below.

☐ **Conference**      ☐ **Workshop**  ☐ **Other**      **Est. Cost: $** _____

Organization/
Conference Name _____      Duration/
Date(s) _____

Travel Location _____

General Purpose of Activity - Explain how the activity/ expenses will support a faculty sponsor present at the event.

[                                                                  ]

How will students share what they've learned with other students and faculty?

[                                                                  ]

Explain how this funding will assist in closing equity gaps.

[                                                                  ]

## 4. FUNDING SOURCE

**All travel claims/receipts MUST BE submitted to Dept. ASC for processing no later than May 15, 2024.**

**Fund:  TEHHS      Dept:  27100**      **CLASS CODE:**   2995Y - Student Professional Dev.

## 5. REVIEWS/APRROVALS

| | | |
|---|---|---|
| Faculty Sponsor | Print/Type Name | Signature | Date |
| Student | Print/Type Name | Signature | Date |
| Department Chair | Print/Type Name | Signature | Date |
| CHHS Dean's Office | Print/Type Name | Signature | Date |

_____ Dept ASC Initials          **NOTES:** [                    ]

_____ Dean's Office Reviewer Initials