

**East Grand Forks Campus  
Skills for Teaching/Technical Updating Funds (STTUF Funds) Application**

NAME: \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

PROGRAM: \_\_\_\_\_ Full Time/Part Time/Adjunct

**What professional development activity are you applying for?**  
(Please include information describing the event you wish to attend.)

**When is the activity taking place?**

**Where is the activity being held?**

**Professional Objectives:**

**Anticipated Total Activity Cost (=) \_\_\_\_\_**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Amounts over \$250 must be approved by Supervisor/Dean prior to submission to STTUF coordinator.**

<b>STTUF Funds request (Maximum \$250.00) _____</b>		<b>Cost Center <u>163821</u></b>
<b>Approved: _____ Karen Znajda or Trisha Stromsodt</b>		<b>DATE: _____</b>
<b>Request College Professional Development Funds for remainder of costs to be preapproved by supervisor or dean.</b>		<b>Cost Center _____</b>
	<b>Amount: _____</b>	<b>Cost Center _____</b>
<b>Approved: _____ Signature of Supervisor or Dean</b>		<b>DATE: _____</b>
<b>STTUF excess disbursement (reviewed and approved in April)</b>		
	<b>Amount: _____</b>	<b>Cost Center <u>163821</u></b>
<b>Approved: _____ Karen Znajda or Trisha Stromsodt</b>		<b>DATE: _____</b>