

## ENROLLMENT MANAGEMENT PROFESSIONAL DEVELOPMENT FUND REQUEST

The Enrollment Management Professional Development Fund is open to all Enrollment Management employees. Based on budget availability the division will award \$2500 in professional development funds beyond existing available resources. We anticipate the average award for this fund to be approximately \$500.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Functional Title:** HEO    HEA    HEa    aHEO    CAA    COA    CA    Other

**Name of Activity:** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**During Working Hours?** ☐ Yes ☐ No **Dates of Activity:** \_\_\_\_\_ to \_\_\_\_\_

### **Estimate of Expenses Requested w/details (Fees, Registration, Materials, etc.)**

**Total Requested: \$** \_\_\_\_\_

- ☐ I certify that the information contained in this application is accurate to the best of my knowledge.
- ☐ I agree to share knowledge acquired with my department and the EM leadership team.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ Approved for the amount of \$ \_\_\_\_\_
- ☐ Not approved  
Reason: \_\_\_\_\_

**Date of EM Leadership Discussion** \_\_\_\_\_

ENROLLMENT MANAGEMENT PROFESSIONAL DEVELOPMENT FUND REQUEST

**Name of Activity:** \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Provide details about the purpose for which you propose to use Enrollment Management Professional Development Funds.**

**Explain how the proposed activity is related to your job at Lehman.**

**Explain how you will apply what you learn at the proposed activity to your job duties at Lehman.**