Human Dimensions of Natural Resources (HDNR) Professional Development Form

Staff/Faculty Name ________________________________  Today’s Date:________

Name of Course/Workshop/Training: ______________________________________________________
Name of Sponsoring Agency/Business: _____________________________________________________
Training Date:_________________________
Location:________________________________________
Total Costs and Proposed Cost Covered by Departmental Funds (be sure to include a budget if appropriate)

Will this training be done on departmental or personal time? ________________
Objective/Learning Outcomes:

Detailed plan of direct benefit to The Department of Human Dimensions of Natural Resources:

Direct Supervisor Approval (if applicable):___________________________________________________
Department Head Approval:

Signature:

Printed Name: ________________________________  Today’s Date:______________