

**Applicant Information**

Date:  Name:  E-mail:

School:  Department:  Telephone:

**Activity Information**

Activity Type:  Activity Location:

Activity Start Date:  Activity End Date:  Online:

**For a list of Pre-Approved courses, refer to the PD Guidelines, page 13, on the CCFA website .**

**Please accompany course receipt with your completed application.**

**Please include all applicable taxes in your calculation and convert all currencies to Canadian funds.**

**Funding Request:**

Course Number/Name:  Fees:

Travel Expenses are available for ISW/Great Teachers FACILITATOR applications only: Please check with CETL BEFORE you apply for funding, as pre-approved support for this activity is limited. **BSCM 780G** is NOT eligible for funding.

Hotel Nights:	<input type="text"/>	nights @	<input type="text"/>	Total Hotel	<input type="text"/>
Meals	<input type="text"/>	days @	<input type="text"/>	Total Meals	<input type="text"/>
				Transportation	<input type="text"/>
				<b>Other</b>	<input type="text"/>

Details of other expense:

**Total Cost**

Applicant's Signature:

**CCFA Use Only**

PD # \_\_\_\_\_ Office Approval \_\_\_\_\_ Approval Date \_\_\_\_\_