

**Duke University School of Nursing**  
**Staff Professional Development Request** *(form updated 8/2012)*

Staff Name:

Title:

Amount requested:

Date(s) of Training or Conference :

Please describe the request:

\_\_\_\_\_  
Signature of Staff Requesting  
Professional Development Funds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Supervisor

\_\_\_\_\_  
Date

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Associate Dean Decision:    Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date

Original to Requestor, Copy to Business Office, Retain Copy