

# Central Campus and Willis Holcombe Center Student Life

## Faculty Educational Programming Application Form

Name:	<input type="text"/>	<input type="checkbox"/> Central Campus
		<input type="checkbox"/> WHC
Department:	<input type="text"/>	Date: <input type="text"/>
Email:	<input type="text"/>	Phone: <input type="text"/>
Title of Program:	<input type="text"/>	Program Date: <input type="text"/>

**\*\* Please attach an overview of the educational program describing its significance and benefit to the students and college. Please attach supplemental material.**

**Do you have a class committed to attending this program?**

Yes	No
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**If yes, provide the name and section.**

\_\_\_\_\_

**Itemized Cost:**

_____	_____
_____	_____
_____	_____
_____	_____

**Total Request Amount:**

\_\_\_\_\_

All Requests for Education Enhancement must be submitted 45 Days prior to the event, 60 Days prior for contracted services. No request shall exceed \$1,200.

Return this completed form to the Director of Student Life & Development  
Central Campus, Bldg 19 Room 106  
Telephone: 954.201.6756