

The University of Tennessee Career Development Fund

**REMINDER: Your application must be approved by
the CDFC in advance of the program or activity.**

I request that my participation in the following program be supported by the Career Development Fund.

Program _____

Sponsoring Organization _____

Date _____ Time _____ Cost _____

In the space provided on the reverse side of this application, briefly describe the program that you wish to attend and how your participation will be beneficial to your career and to the University.

I understand that the Career Development Fund Committee will review this application only after my department head has approved it. I further understand that my department head will be notified of any request that is approved by the Career Development Fund.

Applicant Name (print)

Job Title

Employee ID or Social Security Number

Signature

Date

Department Name (print)

Cost Center

Department Head Signature

Date

**Please forward your application to your
campus/unit Human Resources Office.**