

West Virginia Higher Education Policy Commission

Form B: Request for Approval of Training

Section 1: Requester

Name:	Institution:
Address:	City/State/Zip Code:
E-mail:	Phone:

Section 2: Sponsor of Training

Institution/Organization/Individual:	
Address:	City/State/Zip Code:

Section 3: Topic and Purpose

Topic/Title of Training:
Purpose of Training:

Section 4: Logistics (attach agenda)

Training Date:	Location (City & State):
Training Times:	Training Hours Requested (less breaks & meals):

Section 5: Presenters

Presenter 1
Name:
Affiliation (Institution/Organization):
Presenter 2
Name:
Affiliation (Institution/Organization):
Presenter 3
Name:
Affiliation (Institution/Organization):
Presenter 4
Name:
Affiliation (Institution/Organization):
Presenter 5
Name:
Affiliation (Institution/Organization):

FOR CHANCELLOR'S OFFICE USE ONLY

Date Received:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
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