



CONFERENCE JUSTIFICATION FORM

Name: _____ ID#: _____

Address: _____

Conference Title: _____

Conference Location: _____

Conference Purpose: _____

Conference Start Date: _____ Conference End Date: _____

Estimated Total Cost of Conference: _____

Funding Source / Budget Number: _____

Justification: Please describe how you feel this conference will benefit your class, students, the college, etc.:

Supervisor / Dean:

Approved Denied

Supervisor / Dean Signature

Date

Vice President:

Approved Denied

Vice President Signature

Date

President:

Approved Denied

President Signature

Date