



EXCELLENCE TRAINING IN COMPETENCIES FOR CTs

Application

Name of Applicant: _____

Department: _____

Phone #: _____ E-mail Address: _____

Campus mailing address: _____

Gender: M F

Racial/ethnic group (optional): _____

Years in current position: _____ Years at MSU: _____

The total cost of this series is \$440. I will pay to attend this series using:

My educational assistance benefit

Department payment

Dept. account no. _____ (needed for both payment methods)

Applicant's supervisor has been advised of the time commitment involved with this series and is supportive of this applicant's attendance.

YES NO HAS NOT BEEN ADVISED

Name of applicant's supervisor: _____

Supervisor's e-mail address: _____

Supervisor's signature: _____

Return this application to Human Resource Development

Fax: 432-2979

Campus mailing address: Suite 10 Nisbet Building

Date received by HRD: _____