



PRE ACTIVITY FORM

INSTRUCTIONS: Fill out form in detail, attach additional pages as necessary. Submit completed form with Travel Authorization Request and other pertinent information to Finance & Administration.

NAME: _____ ACTIVITY TITLE: _____

ACTIVITY DESCRIPTION

1. List the sessions, workshops and course title you will attend.
2. How are these activities going to help you achieve your professional/occupational goals? Be specific.
3. How will the knowledge gained serve your department/office and fit in with its priorities?
4. How will the knowledge gained fit in with the Luna Community College mission?
5. How will knowledge gained be shared with LCC?

APPROVALS

Signature of Supervisor/Director indicates that this activity is appropriate, release time is available, and the activity is in line with the statements listed above and with the mission statement of LCC.

Signature of Requestor: _____
Date

Supervisor: _____
Date

Vice-President Finance & Administration: _____
Date

