

Application for Career Development

Name: _____

Date: _____

Shop: _____

Position Title: _____

Work Phone Number: _____

Work Email Address: _____@lclark.edu_____

Course Name: _____

Program Costs: _____ **Requesting pre-payment:** _____

Session Start and End Date: _____

Days and Times Course Meets: _____

Justification for supporting request: _____

By signing this form,

- I confirm that I am requesting prepayment for the above referenced career development.
- I acknowledge that the career development course is for my professional benefit; the training is not required for my current position at Lewis & Clark College.
- I agree that—by accepting prepayment—I am responsible for successfully completing the approved course and submitting written proof of course completion to Lewis & Clark College within thirty (30) days of course conclusion. And,
- I voluntarily authorize Lewis & Clark College to make a payroll deduction for the full amount of prepayment if I fail to successfully complete the course and/or fail to submit written proof of course completion within thirty (30) days.

Approved: _____

Date: _____

Date Approved: _____