

# Lovelace/McKinney University of Tennessee Extension Professional Development Application

1. Full Name \_\_\_\_\_
2. Employee Number \_\_\_\_\_
3. County/Department \_\_\_\_\_
4. Title \_\_\_\_\_
5. Address \_\_\_\_\_
6. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Office Phone (     )                 -
8. Number of Years Employed by UT Extension \_\_\_\_\_
9. Employment Date \_\_\_\_\_
10. What training or program will you attend?  
*(Please note, this funding cannot be used to attend a professional association meeting or for international travel to attend a meeting.)*
  
11. How will the training help you to become more effective in your Extension responsibilities?
  
12. How much time will be involved?
  
13. What is the approximate time frame for the training?
  
14. What amount of funding will be required? *(Please attach a budget.)*

**Email or mail the completed application to:**

*Dr. Charles Goan  
Interim Dean, UT Extension  
2621 Morgan Circle  
Knoxville, TN 37996-4530  
cgoan@utk.edu*