FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
OFFICE OF THE PROVOST & VICE PRESIDENT FOR ACADEMIC AFFAIRS
DIVISION OF CONTINUING EDUCATION

Planning Authorization Request for a Non-Credit Continuing Education Activity

Unit/Department _____

Name of Activity _____

Program Coordinator _____

Campus Address _____ Phone _____

Program Information

Type of Activity

- ☐ Colloquium
- ☐ Conference
- ☐ Institute
- ☐ Seminar
- ☐ Short Course
- ☐ Symposium
- ☐ Workshop
- ☐ Other (specify) _____

Date(s) _____ Time(s) _____

Location _____

Program Description _____

Estimated attendance _____ Estimated Expense $ _____

Estimated Number of Staff _____

Program funding source(s) ☐ Participant's Registration Fees Amount $ _____

☐ Other (specify) _____

Authorization

1. Signature: _____ Date _____
   Dean/Director of Unit

2. Signature _____ Date _____
   Director of Continuing Education

3. Signature _____ Date _____
   Provost & Vice President for Academic Affairs

The Division of Continuing Education requires submission of this form for each non-credit activity at least 45 business days prior to the event.

Revised 07/2012