Special Interest Departmentally Initiated Workshops Application

Complete the form, then Email to develop@bcit.ca in the Learning and Teaching Centre.

Applicant's Name:	Department:
Position:	Workshop Title:
Phone:	E-mail:
Date Submitted:	
	primary learning outcomes for the participants. shop will enhance teaching and/or learning. (Maximum 250 words.)
Workshop Information	
Maximum Attendees Permitted:	
Expected # of Attendees:	
May the LTC advertise to a wider audi	ience to ensure maximum participation? Yes No
Location:	
Location:	
Location:	
Location:(which campus)	
Location:(which campus) Name of Presenter:	
Location:(which campus) Name of Presenter:	

Names of Attendees

Other Costs: (please describe)

Total Request for Funding:

Less Contributions:

Total:

Please identify the people (including yourself) who will attend this workshop, if offered.

	Local	Department/Program/Operating Unit
sudget /hat other resources are being accesse Contributions from Operating Unit/Scho	ed? ool/pooled PD fu	ınds, etc.)
Specifical Languagians		
Speaker Honorarium:		
Speaker Honorarium: Travel Expenses: Accommodation:		

*If cost is less than \$30 do not include in your request; if greater than \$30 include the	ne cost as shown.
Associate Dean's signature:	

*Please send this form as an e-mail attachment for distribution to the Instructional Development Committee. Send a signed copy through internal mail.