College of Design

UNIVERSITY OF MINNESOTA

College of Design
Application for Undergraduate
**Professional Development Funding*

CRITERIA FOR APPLICATION

You must be a current undergraduate student enrolled in a College of Design major: **architecture, clothing design, environmental design, graphic design, housing studies, interior design, retail merchandising**

*The meeting, function, seminar, conference, membership fee or event must be related to your major.

INSTRUCTIONS

- Submit your application form to your program director. If approved, you will be reimbursed for the amount approved by your program director and the expenses incurred. Payment will be made only after expenses have been incurred.
  - If submitted to your program director *prior* to incurring expenses, include an estimate of the expenses you will incur for which you are seeking reimbursement.
  - If submitted to your program director *following* the event/expenditure, include receipts for the actual expenses incurred for which you are seeking reimbursement.
- After obtaining approval from your program director, submit form and receipts to Kim Hindbjorgen, CDes Student Services in 12 McNeal Hall or 107 Rapson Hall. You will receive your reimbursement 2-3 weeks after submission to Student Services.

PROGRAM DIRECTOR CONTACT INFORMATION

Architecture: Leslie Van Duzer vanduzer@umn.edu	Housing Studies: Marilyn Bruin mbruin@umn.edu
Clothing Design: Elizabeth Bye ebye@umn.edu	Interior Design: Stephanie Zollinger szolling@umn.edu
Environmental Design: Brad Agee ageex004@umn.edu	Retail Merchandising: Kim Johnson kjohnson@umn.edu
Graphic Design: James Boyd Brent, jboydbre@umn.edu	

APPLICANT INFORMATION

Student Name:_____ Student ID:_____
First Last

Address: _____

Phone: _____ U of M Email: _____ CDes Major: _____

Amount Requested: $_____ I am employed by the University of Minnesota ☐ yes ☐ no

Please attach a brief explanation of how this applies to your major, and the expenses for which you are seeking reimbursement, include who, what, when, where and why. If attending an event or conference, please indicate: a.) name of event, b.) event date and c.) event location. If you are attending an event or function you will be reimbursed only after the event has occurred.

Receipts Attached: ☐ yes ☐ no

Student Signature:_____ Date Submitted to Program Director:_____

APPROVAL BY PROGRAM DIRECTOR

Approved by (please print):_____ Amount Approved: $_____

Signature: _____ Date: _____

ADMINISTRATION ONLY – DO NOT WRITE IN THIS SPACE