

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE
LEADERSHIP TRAINING REQUEST

Rationale: The colleges invested in leadership training for both faculty and staff. Growth in our leaders careers has a significant positive impact on the college.

Name/department:

Leadership training requested/date of training:*

Funding requested yes/no, amount:

Describe previous leadership training funded by the CDM or MUSC:

Describe in 3-4 lines why this leadership training will be beneficial at this time:

Describe in 3-4 lines what are the expected outcomes in the short-term (1yr) and long-term (3-5yr) after the completion of this training:

Candidate signature**

Date

Chair/Supervisors approval

Date

Sr. Assoc. Dean approval

Date

*Please make requests in timely manner, consider using early bird registration, leadership training can be best identified at the time of the annual evaluation as a goal. **This does not replace the requirement to complete the Travel Itinerary Data Sheet.**

** Electronic signatures preferred by all involved.

Please send completed form to the office of the Sr. Associate Dean.