



**Mentoring Program
Professional Development Request**

Name: _____

Z ID #: _____

Email: _____ Phone: _____

Workshop/Event Title: _____

Date: _____ Location: _____

Cost: _____ Hosted By: _____

Please provide a brief summary outlining the benefits of attending:

Please attach an invitation or flyer with an overview of the program/event.

Requests are to be submitted to Alicia McMackin at alicia.mcmackin@stockton.edu.
Please allow for two weeks for review. Notification will be sent to the email listed above.