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|  |  |  |  |  |  |  |  | **Control No.:** |  |
|  |  |  |  |  |  |  |  | **Date :** |  |
| **REQUEST FOR EXTERNAL TRAINING** |
| **I. CONTACT INFORMATION** |
| Name: | Position: |
| Contact No.: | Office/College: |
| **II. COURSE INFORMATION** |
| Title of Training/Course: |  |  |  |
|  |
| Mode of Training: Face-to-face Training Online Training (e.g. webinars, virtual learning, etc.) |
| Date: |  | Venue (if face-to-face training): |  |
|  |  |  | Platform to be used (if online): |  |
| Purpose: (Please attach copy of invitation, training/seminar program, endorsement letter, travel order, and other supporting attachments) |
|  |
|  |
|  |
| List of Participants: (Please indicate the names of attendees) |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |
| **III. FUNDING REQUEST** (Please present the breakdown of expenses/ line item budget, **if applicable**) |
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| *Total:* |
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| **REQUESTED BY:** |  |  |  |  |  |
|  |  | Signature over printed name |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **RECOMMENDING APPROVAL:** |  |  |  |  |  |  |  |
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|  |  |  |  |
|  |  Director, HRDMO |  | Director, Finance |
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|  |  |  |  | Vice President (AF/AA/RES/PQA) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **APPROVED:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | University President |  |  |