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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) | | | | | | | | | | | | | |
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| **Name of Participant** | | | | | **Signature** | | **Name of Participant** | | | | | | **Signature** |
| 1. | | | | |  | | 6. | | | | | |  |
| 2. | | | | |  | | 7. | | | | | |  |
| 3. | | | | |  | | 8. | | | | | |  |
| 4. | | | | |  | | 9. | | | | | |  |
| 5. | | | | |  | | 10. | | | | | |  |
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| **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 | | | | | |  |  |  |  |  | |
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| **RECOMMENDING APPROVAL:** | | | |  | |  | |  |  |  |  |  | |
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|  |  | | | | | | |  |  | | | | |
|  | Director, HRDMO | | | | | | |  | Director, Finance | | | | |
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|  |  |  |  | Vice President (AF/AA/RES/PQA) | | | | | | |  |  | |
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| **APPROVED:** | |  |  |  | |  | |  |  |  |  |  | |
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|  |  |  |  |  | | | | | | |  |  | |
|  |  |  |  | University President | | | | | | |  |  | |