

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE
CITY UNIVERSITY OF NEW YORK**

**REQUEST FOR AUTHORIZATION / APPROVAL TO ATTEND A VIRTUAL CONFERENCE
CONFERENCE REGISTRATION FEE TO BE PAID BY THE COLLEGE**

NAME	
TITLE/RANK	
ADDRESS	
DEPARTMENT	
TELEPHONE # EMAIL	
CONFERENCE NAME DATE(S)	
REGISTRATION FEE	
WEB PAGE ADDRESS/LINK	
CLASS COVERAGE	
COURSE(S) SECTION(S) DAYS/TIMES	
NAME OF SUBSTITUTE	
SIGNATURE DATE	

Authorization/Approval

Department Chairperson: _____

Chairperson's Signature: _____ Date: _____

Provost: _____

Provost's Signature: _____ Date: _____

- This request for approval and payment of conference registration fees must be submitted and approved by the appropriate department chairperson and vice president/dean, eight (8) weeks prior to the payment due date.
- Conference attendee certifies that this request of accurate and has secured substitute teaching coverage for all classes that will meet during his/her absence.