Pitt Community College
Title III Grant
Professional Development Post-Travel Report Form

Instructions: This form is to be completed and submitted to the Title III Office (VEW 152) within **15 days** post-professional development.

Name: _____ Position: _____

Date(s) of Travel: _____ Location of Travel: _____

Name of Conference: _____

1. Post-Travel Professional Development option chosen:
   - ☐ Option 1: Discussion/Presentation
   - ☐ Option 2: Interactive Workshop/Activity/Presentation
2. Title of Professional Development: _____
3. Date of Post-Travel Professional Development Event: _____
4. List of attendees of Post-Travel Professional Development Event *(List attendees or attach sign-in sheet)*

Attendee Name	Attendee Name

5. Please attach an outline of the event (i.e. copy of ppt., agenda, talking points, etc.)
6. Briefly describe how you think your event was received by your colleagues.

☐ I verify that the information reported on this form is accurate and confirms my completion of the Title III Grant Travel Polices.

_____ _____

Signature Date