



**UNIVERSITY POLICE DEPARTMENT  
MONTANA STATE UNIVERSITY BILLINGS  
REQUEST FOR TRAINING**  
(Submit through Chain of Command)

Name: \_\_\_\_\_ MLEA Approved/Credit: YES NO

Name of Training \_\_\_\_\_ Hours: \_\_\_\_\_

Dates of Training/Location \_\_\_\_\_  
(Attach training announcement)

Cost for Course/Seminar \$ \_\_\_\_\_ Cost for Lodging & Meals \$ \_\_\_\_\_

Cost for Travel \$ Requesting \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Describe how this training is relevant as a University Police Officer and how the training will benefit the University Police Department or the University.

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Sergeant's Recommendation: Approved Denied Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assistant Chief's Recommendation: Approved Denied Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief's Action: Approved Denied Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_