



**Missouri Master Naturalists
Advanced Training Approval Form**

Master Naturalist Requesting Approval _____

E-mail _____ Phone _____

Training Title _____

Training Sponsor _____

Location _____

Date(s) and Length of Training _____

Cost of Training: _____

Description (attach syllabus, description or outline if available) Be sure to specify if there is a field component:

What knowledge can the volunteers expect to gain through this training?

What new skill(s) can the volunteers expect to learn? _____

Where to go for more information _____

Chapter Records (for official use only) Date Request Received _____

Approved _____ Disapproved _____ Date _____

Status Confirmed With MN and Chapter _____ Date _____