



**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 \_\_\_\_\_

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**Chapter Records** (for official use only)      Date Request Received \_\_\_\_\_

Approved \_\_\_\_\_      Disapproved \_\_\_\_\_      Date \_\_\_\_\_

Status Confirmed With MN and Chapter \_\_\_\_\_      Date \_\_\_\_\_