

# Application AND COMPLETION FORM for Faculty Professional Development

(Please use separate application for each request.)

As stated in Article 7.40 of the Collective Bargaining Agreement, within each seven year period, starting from the initial date of employment in a tenure track position, Faculty members shall complete 90 clock hours comprised of 6 semester hours of graduate and/or undergraduate study in their discipline and/or relevant instructional skill fields, or equivalent educational experiences, or a combination of the preceding. Coursework and/or equivalent educational experience should update or improve Faculty members' ability to function effectively in their discipline area. Graduate coursework in the discipline area and all Continuing Education Units (CEU's) approved by the appropriate licensing or certifying agency shall be accepted without prior approval. (The faculty member will submit attendance documentation). The other mechanisms for fulfilling the professional growth plan should be developed and tentatively approved by the Faculty member's immediate supervisor, Dean of Academic Affairs, and Vice President for Academic Affairs.

I. Name: Campus: \_\_\_\_\_ Campus: \_\_\_\_\_ Discipline: \_\_\_\_\_

My professional development seven-year cycle **begins** in \_\_\_\_\_ and **expires** in \_\_\_\_\_  
(year) (year)

**Graduate Coursework completed in discipline:      Number of credits \_\_\_\_\_**  
**Prior approval is not needed. Attach a copy of the grade report. Go directly to section IV.**

II. Prior approval is strongly recommended for undergraduate coursework or graduate coursework outside of discipline or equivalent educational experience(s). Please provide the following information. Use additional paper where necessary. Attach supporting documents where applicable. For equivalent educational experience, 45 clock hours equates to one 3 credit hour graduate or undergraduate class.

1. # of credits/clock hours requested \_\_\_\_\_ Graduate Credits \_\_\_\_\_ Undergraduate credits \_\_\_\_\_ Clock Hours \_\_\_\_\_

2. Date(s) of activity: \_\_\_\_\_

3. Description of course or activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How does the course/activity contribute to your professional development?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. **Pre-approval signatures for equivalent experiences:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Recommendation: Yes \_\_\_ No \_\_\_

Supervisor Name Printed: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Recommendation: Yes \_\_\_ No \_\_\_

Vice President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Recommendation: Yes \_\_\_ No \_\_\_

IV. Certification of Completion (Attach all appropriate documentation for activities such as grade report for credit course, CEU certificate, etc.)

Hours Requested: \_\_\_ graduate hours \_\_\_ undergraduate credit hours \_\_\_ equivalent credit/contact hours \_\_\_

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hours Completed: \_\_\_ graduate hours \_\_\_ undergraduate credit hours \_\_\_ equivalent credit/contact hours \_\_\_

Final Approval:

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Vice President's signature: \_\_\_\_\_ Date \_\_\_\_\_

Distribution:

Original: Faculty Member (approval letter and original documentation)

Copies: 1 – *Personnel Operations* (sent through Staff Development with approval letter and copy of documentation)

1 – VPAA/VPTE file (approval letter only)