

PLEASE USE SEPARATE FORM FOR EACH REQUEST

As stated in Article 7.40 of the [Collective Bargaining Agreement](#), within each three year period, starting from the initial date of employment in a > a ^ a * Á > } d > Á a ^ Á position, Faculty members shall complete 36 clock hours or 3 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 and better facilitate student's learning. 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 Campus President.

Name:	Campus:	Discipline:
My three-year professional development cycle begins on: _____ and expires on: _____		

Graduate coursework completed in discipline:	(credits)	Please attach copy of grade report.
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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.

Equivalent educational experience(s) are calculated by the clock hour

Credits/clock hours requested: Graduate Credits Undergraduate Credits Clock Hours

Date of activity:

Description of course or activity:

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

11. *What is the primary purpose of the following statement?*

Prior approval signatures for coursework outside of discipline or equivalent educational experience(s):

Supervisor:	Signature:	Date:
Dean:	Signature:	Date:
Campus President:	Signature:	Date:

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

Credits/clock hours requested:	Graduate Credits	Undergraduate Credits	Clock Hours
Credits/clock hours completed:	Graduate Credits	Undergraduate Credits	Clock Hours

Faculty Name:	Signature:	Date:	Attach Documentation Here:
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Final Approval (after completion of hours):

Supervisor:	Signature:	Date:
Dean:	Signature:	Date:
Campus President:	Signature:	Date: