



Professional Development Activity

Use this form for pre-approval for a professional development activity. Please review professional development guidelines and timeline.

Faculty Classified Administrator/Confidential

Name _____ Division/Department _____

Contact Information _____
Email, Phone Number and Cell Phone Number

Date of Activity _____ Amount of Funding Requested _____

Type of activity, please mark one:

Individual professional development activity you plan to attend in the future (i.e., conference, lecture, course, observation) **Note:** If an advance to pay for expenses is needed, please submit up to sixty (60) days prior to date of the event to allow for processing.

Professional development training

Other: _____

Descriptions: (For both descriptions, you may attach a separate sheet.)

Brief description of activity

Relevance to the strategic plan initiatives, SSSP, Student Equity, BSI, division or department's goals, and teaching assignment

Before turning in your proposal, please obtain approval from the list below.

Department Coordinator _____ Date _____

Dean _____ Date _____

For Classified or Administrator/Confidential:

Supervisor _____ Date _____