



## 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 \_\_\_\_\_