

DELAWARE TECHNICAL & COMMUNITY COLLEGE
PRIOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION

Please read Application procedures on back before completing this form. Submit the completed form to the appropriate Department Chairperson/Immediate Supervisor for forwarding to the appropriate Dean/Director/Administrator.

NAME _____ S.S.# _____ CAMPUS _____

Type of Activity/Course (Check One): <input type="checkbox"/> Graduate Course <input type="checkbox"/> Undergraduate Course <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Business/Industrial Employment Experience <input type="checkbox"/> Professional Certification (See Note on reverse) <input type="checkbox"/> Mentoring and/or Mentoring Training Programs <input type="checkbox"/> Continuing Education Unit (CEU)	Dimensions of Development (Check One): <input type="checkbox"/> Professional <input type="checkbox"/> Instructional <input type="checkbox"/> Personal <input type="checkbox"/> Organizational
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Title of Activity/Course _____

Will this activity/course be used toward any type of nationally recognized professional certification? Yes No

If yes, what certification? _____

Sponsoring Organization _____

Beginning Date _____ Ending Date _____ Activity Hours _____

No. of Credits Requested _____ (Max. of 3 per Activity)

Describe how this activity/course will be relevant to and useful in your current assignment. What are your objectives with this project? (Use additional 8½" x 11" sheets where necessary.)

	Signature of Employee	Date
Recommend: Approval <input type="checkbox"/>	Signature of Dept. Chair./Immed. Superv.	Date
Disapproval <input type="checkbox"/>		
Activity/Course Approved <input type="checkbox"/>	Signature of Dean/Director/Administrator	Date
Activity/Course Disapproval <input type="checkbox"/>		
Reason for Disapproval _____		

-----**FINAL**

APPROVAL (To be filled in after Professional Development Activity is completed.)

Appropriate Documentation submitted _____

____ Number of Credits/Hours _____ Signature of Dean/Director/Administrator _____ Date _____

The Dean/Director/Administrator must send a completed copy of this form to the Employee and Campus Personnel Office.

