

PRIOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITY (PD-2) A-2

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

NAME _____ Empl ID. _____ 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 for New Faculty Development Program <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 _____ (Maximum 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.)

HR Director Review _____

	Signature of Employee	Date
Recommend: Approval <input type="checkbox"/>	Signature of Dept. Chair./Immed. Supervisor	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 completed 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 HR Office.

(To be duplicated on **green** paper)

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INSTRUCTIONS
PRIOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITY FORM (PD-2)

1. To receive approval for a professional growth activity or course, it is the responsibility of the employee to secure, complete, and return the proper form to his/her Department Chair/Immediate Supervisor for initial review and recommendation for approval/disapproval. The Department Chair/Immediate Supervisor will forward the form to the Campus Human Resources Director for review and forwarding to the appropriate Dean/Director/Administrator for final approval/disapproval.
2. This form must be submitted to the Department Chair/Immediate Supervisor one month prior to the beginning date of the activity. A request submitted outside of the established time frame will not necessarily be disapproved; however, approval/disapproval prior to the activity cannot be guaranteed.
3. All course credits must be expressed in terms of semester credits. (See *Professional Development Plan, Definitions, Credit Calculation, Page 4.*)
4. Before final approval is granted for any professional growth activity, documentation (e.g., seminar brochure, workshop agenda, program itinerary, etc.) must be submitted to the appropriate Dean/Director/Administrator. (See *Professional Development Plan, Final Credit for Professional Growth Activity, Page 12.*)

NOTE: In certain circumstances it may be more advantageous to receive Professional Growth Credit for the workshops/seminars/courses required for certification rather than the certification itself. It is the responsibility of the employee to determine and request prior approval for the appropriate activity(s).