IMPERIAL VALLEY COLLEGE PROFESSIONAL GROWTH APPLICATION CLASSIFIED PERSONNEL

Employee: _____

Classification: _____ Department: _____

Segment Number: _____ Enrollment Date: _____

PROPOSED COURSES:

Subject Area	Course Number	Course Title	Institution	Units	Clock Hours	Points

* Attach copy or class schedule

WORKSHOP/SEMINARS/SPECIAL PROGRAMS, ETC.

Name and Location	Clock	Points
	Hrs.	

INDIVIDUAL RESEARCH (Attach Proposal)

Total units to be completed under this proposal: ______.

The above courses will begin on ______ to be completed by _____.

This applies to my (check one): 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ Segment

The approval on this form does not supersede the regulations found in the Professional Growth Plan.

Employee's Signature:	Date:				
Supervisor's Signature:	Date:	Approve	Yes ()	No ()
Vice President's Signature:	Date:	Approve	Yes ()	No ()
Associate Dean of Human Resources:	Date:	Approve	Yes ()	No ()