IMPERIAL VALLEY COLLEGE
PROFESSIONAL GROWTH APPLICATION
CLASSIFIED PERSONNEL

Employee: _____ **G#:** _____

Classification: _____ **Department:** _____

Segment Number: _____ **Enrollment Date:** _____

PROPOSED COURSES:

Subject Area	Course Number	Course Title	Institution	Units	Clock Hours	Points

* <mark>Attach copy or class schedule</mark>

WORKSHOP/SEMINARS/SPECIAL PROGRAMS, ETC.

Name and Location	Clock Hrs.	Points

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: 1st 2nd 3rd 4th 5th Segment (Circle One)

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

Chief Human Resources Officer: _____ **Date:** _____ Approve Yes   No