

San Diego Community College District
3375 Camino del Rio South
San Diego, CA 92108-3883

PROFESSIONAL DEVELOPMENT PROPOSAL

Date: _____ **E-mail:** _____

Name: _____ **ID #:** _____

Phone Number: _____ **Mailbox Location (Mesa only)** _____

College/Center Assignment: _____ **Adjunct:** _____ **Full-time Faculty:** _____

Faculty Service Areas: 1. _____ 2. _____ 3. _____

Proposed FSA's: 1. _____ 2. _____ 3. _____

PART #1 – PROPOSAL: See Article VIII of the AFT Contract

Is this Proposal under the rules of vocational instructors? Yes _____ No _____

This Proposal provides for a total of _____ semester units and is designed to move me from class _____ to class _____ on the salary schedule.

*If the proposal changes, please submit a Revision to Professional Development Proposal form and attach a copy of the original proposal and any other revisions signed by the Professional Development chair. Or you can submit a new Professional Development Proposal.

Check all of the following that apply.

1. **Is coursework part of this Proposal?** Yes _____ No _____
College semester units to be taken to complete this Proposal. (3 quarter units = 2 semester units).
Please submit official course descriptions of courses you plan to take and submit a list of the course titles and course numbers.

INSTITUTION	DEPARTMENT	LOWER DIV.	UPPER DIV.	GRADUATE	EXTENSION	START DATE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL UNITS		_____	_____	_____	_____	_____

Degree to be earned if any _____

2. **Are scholarly/creative works part of this Proposal?** Yes _____ No _____
(If yes, the maximum number of units per class advancement is 7.5 units.)

Please give an estimated number of hours you will be working on this project and an estimated number of units you are requesting. Remember that you will need to attach a log of hours to your corresponding Report of Completion and translate those hours into semester units using the formula 30 hours = 1 semester unit.

Scholarly works hours & units _____ Creative works hours & units _____
Total semester hours & units requested _____

3. Are seminars, workshops, or conferences part of this Proposal? Yes___ No___

Please give an estimated number of hours you will be attending this conference as a participant and as a presenter and an estimated number of units you are requesting. Remember that you will need to attach a log of hours to your corresponding Report of Completion and translate those hours into units using the formulas: 30 hours of attendance = 1 semester unit, 15 hours of presentation = 1 semester unit.

An official description or advertisement for this seminar/conference/workshop must be submitted with this form.

Seminars, workshops, or conference hours & units requested_____

4. Is professional work experience or internship part of this Proposal? Yes _____ No _____
(If yes, attach Work Experience Proposal.)

Please give an estimated number of hours you will be completing this work experience and an estimated number of units you will be requesting for this experience. Remember that you will need an original signature from your employer on your Work Experience Proposal, so you must take this Proposal with you to your job site. A Maximum of 8 semester units can be claimed during a faculty member's entire career at SDCCD.

Work Experience hours & units requested_____

(30 hours of experience = one semester unit)

Total Number of units from all sections being requested:_____

PART #2 - PROPOSAL DESCRIPTION:

Provide a full description of your *Professional Development Proposal* including the following information in your Proposal. (You may attach a separate sheet.)

1. Description of your *Professional Development Proposal*—a discussion of your proposal including specific objectives and goals.
2. Relevancy to current/new assignment and improvement of student learning.
3. Need for the *Professional Development Proposal*—how does your proposal meet the need for professional growth as well as the benefits to yourself, the students, and college?

I understand that any and all proposals must be submitted to the College Professional Development Committee prior to undertaking any activities. I hereby submit this *Professional Development Proposal* for recommendation of approval to the College President and then to the appropriate person at the District Office.

Signature of Applicant

Date

PART 3 APPROVAL:

Recommendations and Signatures:

Name of Applicant: _____

Campus Site _____

Department Chair:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Dean/Manager:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

College Professional Development Chair:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Vice President:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

President:

Signature _____ Date _____

_____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

***Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.**

