

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

WORK EXPERIENCE AND INTERNSHIP PROPOSAL

A maximum of 8 units can be claimed salary advancement by faculty members during their entire careers at SDCCD.

Date: _____

Name: _____ ID #: _____

College/Center Assignment: _____

I AM SUBMITTING THIS PROPOSAL AS A PART OF MY PROFESSIONAL DEVELOPMENT PROPOSAL.

I AM SUBMITTING THIS PROPOSAL TO REVISE MY PROFESSIONAL DEVELOPMENT PLAN.

Name of employer _____

Address _____

Nature of business _____

Name of supervisor _____

Title of position/job _____

Description of service to be rendered _____

My educational objectives for this proposal are _____

Faculty member: Please note that the following must be an original signature from your employer, so please be sure to take this form with you during your Work Experience. Getting a fax later won't work.

VERIFICATION OF WORK EXPERIENCE PROJECT

(Make a copy of page 1 to serve as the employer certification which must be attached to the completion report.)

This is to certify that _____ was employed by us from _____ to _____ for _____ hours per day, _____ days per week and that the nature of this employment was as represented above.

Title

Signature

Date

(Work Experience and Internship Proposal)

I have previously received credit for a work project. Yes _____ No _____

If your answer is yes, please complete the following:

Nature of work experience: _____

Period of employment: From _____ To _____

Semester units of credit received _____

I HEREBY CERTIFY THAT I WILL NOT CLAIM CREDIT FOR ANY OTHER ACTIVITIES UNDERTAKEN DURING THE PERIOD COVERED BY THIS PROPOSAL, EXCEPT FOR THOSE CREDITS WHICH MAY BE ALLOWED FOR THE WORK EXPERIENCE PROJECT ITSELF.

I ALSO CERTIFY THAT THE ORGANIZATION OR BUSINESS ENTERPRISE WHICH WILL BE MY EMPLOYER IS NOT SELF-OWNED, FAMILY-OWNED, OR SELF-OPERATED.

I UNDERSTAND THAT IF APPROVED, THIS PROPOSAL WILL BE A PART OF MY OFFICIAL PROFESSIONAL DEVELOPMENT PLAN. I FURTHER UNDERSTAND THAT SALARY ADVANCEMENT CREDIT MAY NOT BE ALLOWED FOR ACTIVITIES UNDERTAKEN PRIOR TO APPROVAL OF THIS PROPOSAL.

Signature

Date

APPROVALS

Department Chair

Recommendation

Date

Dean

Recommendation

Date

Chair, PDC

Recommendation

Date

I HAVE REVIEWED THIS PROPOSAL AND APPROVE IT AS SUBMITTED

Vice President

Date

President

Date

