



YUBA COMMUNITY COLLEGE DISTRICT

Professional Growth Program--Academic

NOTICE OF INTENT AND APPLICATION FOR APPROVAL

Notice of Intent and Application for Approval of course or alternative credits/points to apply as growth increment on Salary Schedule. To ensure a decision regarding approval before the start of the course/activity, a Notice of Intent must be submitted at least three (3) weeks prior to the start of the course/activity. (See Faculty Handbook Section 6.18)

Applicant's Name _____ College/Campus: _____

College/Agency/Leader offering Course/Activity: _____

Course/Activity: _____

Starting Date: _____ Completion Date: _____ Semester Units: _____ OR Points: _____

- Offered: [] On Campus of Offering School [] Correspondence
[] Extension [] Other, must Specify _____
[] Off Campus but not a formal Course
[] Faculty Seminar, Workshop, Sabbatical Report

Please explain how the activity is directly related to improving your effectiveness as an instructor in your specific assignment with Yuba Community College District. If not a formal course, complete the attached form. If off campus, you will have to supply supporting documentation from the agency offering the program. After completing the activity, you are required to write an evaluation based upon the completion form.

- Activity Level: [] Graduate Course [] Upper Division Course [] Lower Division Course
[] Alternate Activity [] Not a Formal Course (explain on attached form)

Please read and sign the following: I understand that approval must be obtained prior to starting the activity, if the points/units earned are to apply toward advancement on the Yuba Community College District Salary Schedule. It is also understood that for a course, only a grade of "C" or better will be recognized; an official transcript must be submitted. The "Notice of Completion" must be filed by September 15, regardless of the type of activity.

LEADER's Signature (if Alternate Activity) Date APPLICANT'S Signature Date

RECOMMENDED FOR APPROVAL DATE

Supervising Dean: _____ [] Yes [] No _____
Supervising President/VP: _____ [] Yes [] No _____

APPROVED (record of Committee action, if required): Yes [] No _____

Director, Personnel Services and Human Resources Development: _____

