RIVERSIDE COMMUNITY COLLEGE DISTRICT

REQUEST FOR COURSE APPROVAL OF PROFESSIONAL GROWTH

Employee's Name	Current Position Title	Date
_____	_____	_____

Complete Section(s):	**1,2,3,4; or 1,5 when: Requesting Long Range Goal (Plan)** **1,2,3,4 when: Requesting course(s) for Approval (Long Range Goal must be on file)**

1. Long Range Goal: _____ On File: Yes No
   (Please Indicate)

   To receive credit, an employee is required to submit a request for professional growth at least ten (10) working days prior to the beginning of the class session(s).

2. Course Approval Requested for:

Code	***Title***	***Units Qrt/Sem***	***Date Class Begins***	***Job Related Yes or No***
_____	_____	___ ___	_____	Y or N
_____	_____	___ ___	_____	Y or N
_____	_____	___ ___	_____	Y or N
_____	_____	___ ___	_____	Y or N
_____	_____	___ ___	_____	Y or N
_____	_____	___ ___	_____	Y or N
_____	_____	___ ___	_____	Y or N

3. Institution at which course work will be completed:
   _____

4. Course(s) will be attempted in: (Please do not plan for more than one year at a time)

   Fall 200__ Winter 200__ Spring 200__ Summer Session 200__

   Are course(s) going to be taken during District's work time: Yes No

5. Other Professional Growth Activity (If you plan a professional growth activity other than course work, please attach a separate sheet detailing that activity.)

FOR HUMAN RESOURCES USE ONLY

Total **job related** quarter/semester units: _____

APPROVED_____ NOT APPROVED_____

Professional Growth Chairperson's Signature	Date
_____	_____