

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.

If you have questions about filling out Professional Development paperwork, please read the Frequently asked Questions

**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
<b>TOTAL UNITS</b>						

Degree to be earned if any \_\_\_\_\_

\*\*Please note that any Professional Development paperwork turned in without the correct supplemental materials --noted under each category on this form --will be returned to faculty members without any action taken by the PDC.

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 include a description of your proposed project(s).**

**Proposed number of Units** \_\_\_\_\_

(See suggested units for various Creative and Scholarly projects in the AFT contract .)

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 be required to attach the Professional Development Log of Hours Worksheet Form, which can be found . This form uses Excel, which will automatically 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)

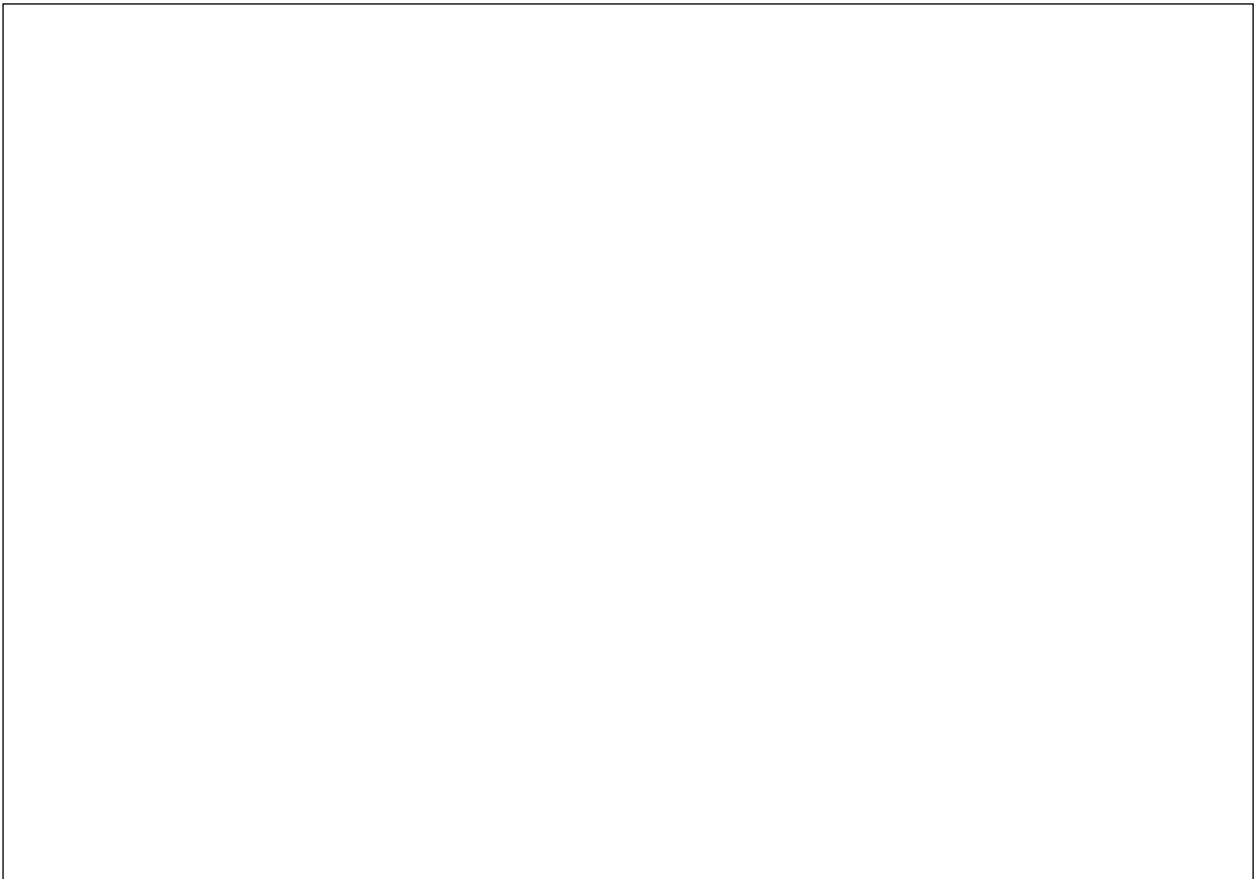
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**Total Number of units from all sections being requested:** \_\_\_\_\_

**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 confirm that all hours listed on this form for completion of semester units for coursework, creative and scholarly work, and conferences will be spent outside my scheduled work hours, including slash time, at SDCCD; and,

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.**