

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

REVISION TO PROFESSIONAL DEVELOPMENT PROPOSAL
If your courses change, it is recommended that you submit this form or a new Professional Development Proposal prior to taking the courses.

Date: _____ **Mailbox location (Mesa only)** _____

Name: _____ **ID #:** _____

Phone Number: _____ **E-mail:** _____

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

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

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

Date of Original Proposal: _____

Date of any Other Revision: _____

Please attach a copy of the original proposal and any other revisions signed by the PDC Chair to indicate it was approved.

Mark any changes in the number of semester units from your most recent revisions.

1. Coursework from _____ semester units to _____ semester units.
List the course title and course number for the courses that you are deleting and adding, if applicable. Please include an official course description for the new courses.

2. Scholarly/creative works from _____ semester units to _____ semester units.
3. Workshops and or conferences from _____ semester units to _____ semester units.
4. Professional work experience or internship from _____ semester units to _____ semester units.

Describe the rationale for the changes to your Professional Development Proposal:

Signature of Applicant

Date

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 Committee 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.**