

**IMPERIAL VALLEY COLLEGE
PROFESSIONAL GROWTH APPLICATION
CLASSIFIED PERSONNEL**

Employee: _____ G#: _____

Classification: _____ Department: _____

Segment Number: _____ Enrollment Date: _____

PROPOSED COURSES:

Subject Area	Course Number	Course Title	Institution	Units	Clock Hours	Points

* **Attach copy or class schedule**

WORKSHOP/SEMINARS/SPECIAL PROGRAMS, ETC.

Name and Location	Clock Hrs.	Points

INDIVIDUAL RESEARCH (Attach Proposal)

Total units to be completed under this proposal: _____.

The above courses will begin on _____ to be completed by _____.

This applies to my: 1st 2nd 3rd 4th 5th Segment (Circle One)

The approval on this form does not supersede the regulations found in the Professional Growth Plan.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____ Approve Yes () No ()

Vice President's Signature: _____ Date: _____ Approve Yes () No ()

Chief Human Resources Officer: _____ Date: _____ Approve Yes () No ()