## 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:(Please Indic						
	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 Re	equested for:		Units	Date	Job Related	
		<u>Title</u>		<u>Ort/Sem</u>	Class Begins		
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 201	Winter 201	Spring 201	Su	mmer Session 2	01_	
	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.)						
HUMAN RESOURCES & EMPLOYEE RELATIONS USE ONLY							
Date Received:							
APPROVED				NOT APPROVED			
Total <b>job related</b> quarter/semester units approved:  Total <b>non job related</b> quarter/semester units approved:							
Professional Growth Chairperson's Signature				Da	Date		