

_____ Pre-approval of University/College Course Work

**SUBMIT THIS FORM TO THE PROFESSIONAL DEVELOPMENT COMMITTEE
AT LEAST FOUR WEEKS PRIOR TO THE BEGINNING OF CLASS**

Name _____ Building _____

University/College _____

Course Title and Number _____

No. of Credit Hours _____ Type: _____ semester _____ quarter

Dates of course _____ Time and Location _____

Rationale of your selection of this course _____

Course Objectives

Indicate how this college course supports your Professional Development Plan.

If the benefits of this course can be shared with other staff or community members, please describe with who and how you will share.

PLEASE KEEP A COPY of the COURSE SYLLABUS in YOUR OWN FILES.

Employee's Signature _____ Date _____

<p>LPDC USE:</p> <p>Reviewed by _____ Date _____</p> <p>_____ PREAPPROVAL _____ APPROVED _____ NOT APPROVED</p>
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