

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
Professional Growth Credit Form for Classified Employees

INSTRUCTIONS: *Submit one copy. List only one course on each application; submit to the Professional Growth Committee **prior to undertaking course.***

Name Date

Applicant School/Department Position

Course/Workshop Title and Number Units Hours

Name of School Where Course is Given Beginning/Ending Dates of Course

Course Description (Attach Copy of Catalog or Course Offering):

Work Related (check one) Yes _____ No _____

If Work Related, Please Explain Why: _____

Supervisor's Comments: _____

Supervisor's Signature
(not required for courses listed in Appendix C)

COMMITTEE ACTION

Date of Action _____ Units/Hours Approved _____ Work [] General []

Comments: _____

Return application to Professional Growth Committee with verification of completion of coursework, certificate, transcript, or grade print out.

A signed certificate of completion or transcript MUST accompany this form.