

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.**