

**BISHOP STATE COMMUNITY COLLEGE
PROFESSIONAL GROWTH PLAN FOR FACULTY**

School Year _____

Name: _____ Teaching Area: _____
Date Employed: _____ Current Rank: _____
Highest Degree Held: AS/AAS BA/BS MA/MS Ed.D/Ph.D Other (List) _____
Institution Awarding Degree: _____
Major: _____ Minor: _____

A. Continuation of Formal Education

1. Do you plan to seek a higher salary rank? _____ Yes _____ No
2. If the answer to (1) is "yes", please list college, degree and major to be pursued.

College: _____ Degree: _____
Major: _____ Minor: _____

3. Date to begin work on degree ____/____/____ Anticipated completion Date ____/____/____
4. Attach degree plan (program of study) signed by your college/university advisor.

B. Development of Technical and/or Teaching Skills, including Certification Credentials
(If more space is needed for Section B, list on back of form)

1. List certification or competency exams to be taken: _____

2. List industry training workshops and training sessions to be attended: _____

3. List educational conferences and workshops to be attended: _____

4. Describe or list other professional development activities which you plan to complete:

* Faculty employed after December 14, 1989, must use additional formal education to achieve a higher salary rank.

** Faculty seeking a higher salary rank must submit growth plan and a formal degree plan for approval by the appropriate Dean and the President before enrollment in degree plan. An official transcript will be required to document completion of course work.

Instructor's Signature _____ Date: _____

Approved Not Approved Signature: _____
(Dean)

Date: _____

Approved Not Approved Signature: _____
(President)

Date _____