



**SOLANO COMMUNITY COLLEGE
DISTRICT**
**CSEA Application for Approval of Professional Growth
Coursework**

(Forward All copies to the Professional Growth Committee)

Name: _____

ID or SSN# _____

Date of Hire: _____

Phone Ext.: _____

Units you have toward first increment: _____

Second increment: _____

<u>Course Title</u>	<u>Units</u>	<u>College</u>	<u>Date (to be) Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete the following which applies:

Degree related: Degree/Program Pursuing: _____
Course(s) from above which apply: _____
Counselor Approval/Signature: _____ Date: _____

Job related: Course(s) from above which apply: _____
Rationale: _____

Action: Approved Denied

Other: Course(s) from above which apply: _____
Rationale: _____

Action: Approved Denied

Explanation: _____

Committee Approval:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Date: _____

SUBMIT

RESET