FACULTY GROWTH PLAN (FGP)

Each member of the faculty is **encouraged** to have a professional growth plan. Training activities pursued for professional growth are paid for by the instructor and are pursued on the instructor's own time. All activities pursued from postsecondary institutions must be from institutions accredited by nationally recognized accrediting bodies. Please consult with the appropriate Dean (Career Technical or Academic) or the Vice President of Instructional Services for guidance in selecting an appropriate institution. Professional growth plans must be reviewed and approved in advance by the Vice President of Instructional Services and the President if the employee plans to use the training for advancement on the Salary Schedule.

Please note**:** This form should not be confused with the *DOCUMENTATION OF EMPLOYEE PROFESSIONAL DEVELOPMENT* form, which documents activities engaged in by the employee to keep up-to-date in his or her current position.

Last Name	**First Name**	**MI**	**Department**

D1 / /	
Current Salary Schedule / Rank / Step	**Aspiring Rank** **Expected Date of Completion**

	Proposed Major and Degree	Proposed Minor or Additional Hours
Proposed Institution for Enrollment	**Teaching Fields (see below)**	

Circle Appropriate Codes
DPE Faculty Credential Code: Group: A B C Rank: 1B !A II III IV Option: A B C

The following items must accompany this document for initial approval:

1. **A copy of the degree plan/program of study attached? Yes ☐ No ☐**
2. **Verification of the number of appropriate hours to meet rank change requirements:**
   Hours Required _____ Hours Completed _____ Verified by _____

The following documents must accompany this document for final approval (upon formal request for Rank Change).

1. **Letter requesting a rank change with statement of justification. Yes ☐ No ☐**
2. **Official Transcript(s) attached: Yes ☐ No ☐**

Signature of Faculty Member _____ **Date** _____

Witnessed by (Appropriate Dean) _____ **Date**_____

OFFICE USE ONLY:

Acceptable Faculty Growth Plan: ☐ Yes ☐ No

Initial Approval: _____ _____
Vice President for Instructional Services **Date**

_____ _____
President **Date**

Final Approval: _____ _____
Vice President for Instructional Services **Date**

_____ _____
President **Date**

File Copy: Dean of Administrative Services **Initials** _____ _____
Date