Palomar College
Classified Employees Professional Growth Program

☐ **REQUEST FOR APPROVAL** ☐ **CHANGE/ADDITION**

Name _____ Department _____ Extension _____ Date _____

COURSES:

COURSE #	COURSE TITLE	COLLEGE	SEM. UNITS	QTR. UNITS

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

Professional Growth Committee Chair Signature _____ Date _____

Please provide ORIGINAL AND 9 COPIES. Be sure to COMPLETE BACK SIDE of this form.

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COURSE/PROGRAM JUSTIFICATION

III.c. Professional Growth plans must be career related or part of a specific career plan. The benefits of the plan to the District and to the employee **must be identified** by the employee before the plan can be approved.