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

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.