



**GREAT FALLS COLLEGE**  
**MONTANA STATE UNIVERSITY**

**PROFESSIONAL DEVELOPMENT PLAN**

Note: Plans must be submitted by **September 20** for consideration at the fall meeting, or by **February 15** for consideration at the spring meeting.

Faculty should retain evidence of completion for submission with promotion portfolios. Evidence should not be sent to the Tenure and Promotion Committee.

Only **new** (not previously approved) professional development should be included on this form. Retain all previous PDPs and evidence.

**CANDIDATE INFORMATION**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Current Level: \_\_\_\_\_ Date Current Level Achieved: \_\_\_\_\_

Level Seeking: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

**COURSEWORK/PROFESSIONAL DEVELOPMENT FOR CONSIDERATION**

List professional development below. DO NOT list individual courses if you are participating in a degree/certificate program. \*

Course or Training	Institution/Provider	Hours (Convert Credits to Hours; 1 cr.=30 hours)	Date Scheduled or Taken	How does this support your work at the college or professional growth?

**DEGREE PROGRAMS**

List the name and type of degree or certificate programs below.

Degree/Certificate Program	Institution	Hours (Convert Credits to Hours; 1 cr.=30 hours)	Date Completed or Expected Completion

\*See handbook for more information.

**SIGNATURES**

Total Number of Hours Submitted: \_\_\_\_\_

\_\_\_\_\_  
*Faculty Signature*

I have reviewed the Professional Development Plan presented above.

\_\_\_\_\_  
*Division Director*

\_\_\_\_\_  
*Date*

The Tenure and Promotion Committee has reviewed the Plan presented above.

Number of Approved Professional Development Hours: \_\_\_\_\_

\_\_\_\_\_  
*Tenure and Promotion Committee Chair*

\_\_\_\_\_  
*Date*