



**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.

**CANDIDATE INFORMATION**

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

Current Level: \_\_\_\_\_

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; 3 cr.=30 hours)	Date Completed or Expected Completion

\*See handbook for more information.

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**SIGNATURES**

I have reviewed the Professional Development Plan presented above.

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*Division Director*

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*Date*

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

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

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*Tenure and Promotion Committee Chair*

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*Date*

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*Academic Dean/CAO*

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*Date*