GROSSMONT COLLEGE
PROFESSIONAL DEVELOPMENT PROGRAM

CONFERENCE ATTENDANCE REQUEST
FOR PROFESSIONAL DEVELOPMENT HOURS

_____ SEMESTER, 200___

NAME OF INSTRUCTOR:_____

TITLE OF CONFERENCE: _____

DATE(S) OF CONFERENCE: _____

State the content of the conference.
Describe how this conference will enhance your teaching in your subject area.

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Include a copy of the conference schedule.
Submit evidence of attendance after the conference to the department chair/coordinator and division dean. Keep a copy for your own records.

TOTAL HOURS OF CONFERENCE ATTENDANCE _____

Submitted by (instructor) _____ Date _____

Approved: _____ Date _____ Approved: _____ Date _____
Department Chair/Coordinator Dean

FACULTY PROFESSIONAL DEVELOPMENT COMMITTEE

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