

**BISHOP STATE COMMUNITY COLLEGE  
PROFESSIONAL GROWTH PLAN FOR FACULTY**

School Year \_\_\_\_\_

Name: \_\_\_\_\_ Teaching Area: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Current Rank: \_\_\_\_\_

**A. Current Credentials**

Highest Degree Held: AS/AAS BA/BS MA/MS Ed.D/Ph.D Other (List) \_\_\_\_\_

Institution Awarding Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**B. Continuation of Formal Education**

1. Do you plan to seek a higher salary rank? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If the answer to (1) is "yes", please list college, degree and major to be pursued.

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

3. Date to begin work on degree \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Anticipated completion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Attach degree plan (program of study) signed by your college/university advisor.

**C. Development of Technical and/or Teaching Skills, including Certification Credentials**

***Attach Additional Documentation to this completed form***

1. List certification or competency exams to be taken for this certification.

2. List industry training sessions and/or conferences to be attended for this certification:

3. Describe or list other professional development activities which you plan to complete for this certification.

4. Explain here, how this credential is related to your current field of teaching and/or higher education

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Faculty employed after December 14, 1989, must use additional formal education to achieve a higher salary rank.

\*\* Faculty seeking a higher salary rank must submit growth plan and a formal degree plan for approval by their supervising Dean, Vice President of Instructional Services and the President within the first semester of the degree program or enrollment of a certification credential. Submission of the Professional Growth Plan does not guarantee a change in rank. An official transcript will be required to document completion of coursework.

\*\*\* Rank increases are only adjusted during September of each year.

Instructor's Signature \_\_\_\_\_

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

Supervising Dean's Signature \_\_\_\_\_

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

Vice President of Instructional Services \_\_\_\_\_

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

President \_\_\_\_\_

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