

**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. Attach a list of certification or competency exams to be taken for this certification.
2. Attach a list of industry training sessions and/or conferences to be attended for this certification.
3. Attach a list of other professional development activities 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.

D. Approval Prior to Program Completion

Instructor's Signature _____ Date: _____
Supervising Dean's Signature _____ Date: _____
Vice President of Instructional Services _____ Date: _____
President _____ Date: _____

E. Approval for New Rank After Program Completion

New Rank _____ Signature: Vice President of Instructional Services _____
Date: _____