

***Application for Approval of
Professional Development
Project/Activity***

Please note: Projects must have prior approval of building-level administrator and/or appropriate supervisor.

Name:	Date:
School/Department:	
Title of Project/Activity:	
Activity Director:	
Director's School/Department:	

1. Objectives of Activity:

2. Description of Activity

a. Brief outline of activity:

b. Number of participants:_____

c. Beginning and ending dates:_____

d. Number of sessions:_____

- e. Time of sessions: _____
- f. Total time of involvement for participant: _____
- g. Name(s) of instructor(s): _____

b. Describe process for evaluating activity:

Administrator's signature of approval: _____



For office use	
_____ Approved	
_____ NotApproved: _____	
Points awarded: _____ Option # _____	
_____ <i>Supervisor</i>	_____ <i>Date</i>