Miami Dade College
Exception to Professional Development Requirement Form

Date_________ Name of Faculty Member ________________________________

Department/School ________________________________ Campus SELECT CAMPUS

1. Name of Program/Course/Professional Activity ________________________________

2. Date(s) of Program/Course/Professional Activity ________________________________

3. Number of Contact Hours of Proposed Program/Course/Professional Activity___________
   *36 hours = 3 graduate credit requirement
   **Equivalence of hours to credits used for calculation purposes only.

4. Attach published documentation describing activity.

5. Attach no more than a one-page description indicating why you have selected this activity, how it fulfills the criteria for approved exceptions to graduate credit for maintenance in academic rank and how you expect to apply the knowledge you will gain, and how completion will be evidenced.

6. Please return this form to your Faculty Dean after approved professional development activity has been completed. Please attach evidence of completion.

_________________________
Recommended: _________

Chairperson/Immediate Supervisor: __________________________ Date: _________

_________________________
Approved: _________ Not Approved: _________

Faculty Dean: __________________________ Date: _________
NWSA/College Dean

Certification of Completion

Faculty Dean: __________________________ Date: _________
NWSA/College Dean

cc: Department Chairperson

08/2019