

**Miami Dade College**  
**Faculty Professional Development**  
**Exceptions to Graduate Credit Requiring Clarification**  
**Approval Form**

Date \_\_\_\_\_

Name of Faculty member \_\_\_\_\_

Dept./School \_\_\_\_\_ Campus \_\_\_\_\_

1. Name of Course/Program/Professional Activity \_\_\_\_\_

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

3. Number of contact hours of Course/Program/Professional Activity \_\_\_\_\_

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 Academic Dean after approved professional development activity has been completed. Please attach evidence of completion.

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_  
(Explanation below)

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

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**Certification of Completion**

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Cc: Department Chair  
Associate Dean/School Director