



Exception to Professional Development Requirement Form

Date _____ Name of Faculty Member _____

Department/School _____ 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