

Miami Dade College
Exceptions to Graduate Credit for Professional Development
Approval Form



Date _____

Name of Faculty member _____

Department/School _____ Campus _____

1. Name of Program/Course/Professional Activity _____

2. Date(s) of Program/Course/Professional Activity _____
* 36 hours = 3 credits

3. Number of Contact Hours of Proposed Program/Course/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.

Recommended: _____

Chairperson/Immediate Supervisor: _____ Date: _____

Approved: _____ Not Approved: _____

Academic Dean: _____ Date: _____
NWSA/College Dean

Certification of Completion

Academic Dean: _____ Date: _____
NWSA/College Dean

cc: Department Chairperson
Program Director
Academic Dean