

Horry-Georgetown Technical College

FACULTY/STAFF PROFESSIONAL DEVELOPMENT APPLICATION

Name: _____ H# _____ Department: _____

___ Professional Activity Attach: The proposed program of the event, Certification, conference, seminar or workshop, indicating specific events of importance.	___ Academic Course Attach: The course description and syllabi, if available, and if you are a staff employee, a copy of your Position Description.	___ Curriculum Dev. Attach: The current course description for the course you will be developing.	___ Return to Industry Attach: Your proposal
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Title of activity/course: _____ Registration deadline (if applicable): _____

Date(s) of Activity: _____ Location where activity will be held: _____

Describe the value of this activity to the College (If more space is needed, attach a separate document):

Describe the relationship between this activity and your job duties (If more space is needed, attach a separate document):

Note: In addition to the information provided in this form, you may attach not more than one page additional explanation, focusing upon the direct benefits to the College. ___ Approved ___ Not Approved	Total amount previously received from FSD this year: _____	Total Estimated Costs for Attending: Registration Fee: _____ Lodging: _____ Travel: _____ Meals: _____	Total amount requested: _____ Total amount approved: _____
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Employees must successfully complete the course(s) requirements to have tuition cost reimbursed. Employees who do not successfully complete the course(s) will not be reimbursed. The minimum success criteria for undergraduate courses are a grade of "C". A minimum success criterion for graduate courses is a grade of "B". (3.4.2.1 FSD Procedure)

If the funded employee voluntarily terminates with the College, within one calendar year of the date of reimbursement is awarded, the employee will be required to reimburse the College upon the date of termination. (3.4.2.1 FSD Procedure)

Employee's Signature/Date:	Employee's Immediate Supervisor's Signature/Date:
Associate Vice President Supervisor's Signature/Date:	Appropriate VP, or when applicable, the President's Signature/Date: