

SOUTHERN STATE COMMUNITY COLLEGE

Professional Development Plan

Submit by May 1.

Long Range Goal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how this will enhance your institutional role at SSCC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If work is to be applied toward a degree state, which degree and expected date of completion:

Degree \_\_\_\_\_

Academic Field \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

College or University \_\_\_\_\_

\_\_\_\_\_  
Faculty Member Signature Date

Plan approved \_\_\_\_\_

Plan disapproved \_\_\_\_\_

Employee seeking reimbursement must complete the reimbursement form(s) and submit with necessary documentation.

\_\_\_\_\_  
Vice President of Academic Affairs Date

Revised 5/4/06

\*\* Please contact the SSCC Webmaster at [webmaster@sscc.edu](mailto:webmaster@sscc.edu) for suggested updates or changes to this form \*\*