

Corning Union High School District  
643 Blackburn Ave.  
Corning, CA 96021

**Request For Professional Growth College/District Credit Only**

Submit Completed Form to Professional Growth Committee

**Prior to Starting Activity**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Teaching Assignment: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Current Salary Placement: \_\_\_\_\_ Step: \_\_\_\_\_  
(See Business Office)

**College/University – Credit Requested**

Check the appropriate line(s)

\_\_\_\_\_ Non District Inservice      \_\_\_\_\_ College/University      \_\_\_\_\_ District Cost  
\_\_\_\_\_ Workshop or Conference      \_\_\_\_\_ Other  
(explain) \_\_\_\_\_  
\_\_\_\_\_ Personal Day Used

\_\_\_\_\_ The requested credit will affect my placement  
for next school year. \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

Location of activity: \_\_\_\_\_

Number of hours of participation: \_\_\_\_\_

Number of units requested: \_\_\_\_\_ (8 hrs. = 1/2 unit, 15 hrs. = 1 unit, 30 hrs. = 2 units)

**Rationale**

Reason or basis for request

1. Name of activity (course title, conference, inservice, etc.) \_\_\_\_\_

2. Sponsored by college / university: \_\_\_\_\_

3. Instructors / Presenters: \_\_\_\_\_

(See other side)

4. Give a brief overview of contents and/or experiences of this activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please attach appropriate course description, conference description, or inservice out line. Also, attach detailed itinerary of trip and timeline of activities.

6. Clearly explain how this activity is likely to lead to your increased professional effectiveness, competence, or performance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Clearly explain how this activity will benefit your students. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submit completed form to Professional Growth Committee**  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will hold document until participant verifies completion of course \_\_\_\_\_