SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT
M.S.C. PROFESSIONAL GROWTH AWARD

(PLEASE SUBMIT ONE APPLICATION FORM PER COURSE)

In order for your application to be considered complete the following must be attached:
1. A copy of the course description
2. Original transcripts

(NOTE: EMPLOYEES MUST HAVE COMPLETED 12 MONTHS OF EMPLOYMENT)

Name: ____________________________________________________________
Employee ID:________________________ Location:____________________ Ext______________
Department:________________________ Supervisor:____________________
Job Title: ______________________________
Work Schedule: □ Sun  □ Mon  □ Tues □ Wed □ Thurs □ Fri □ Sat
Have you completed the 12-month employment?____________________

COURSE INFORMATION:
Type: ( ) College Course - Semester ____________________________
      ( ) Other: ______________________________

Location: ______________________ Dept. & Course # ______________________
Course Title: ______________________ Instructor Name: ______________________
Start Date: ___________  End Date: ___________  Days: ___________  Time: ___________
Units Earned: ___________ (OR) Hrs. of Credit: ___________ Final Grade: ___________

EXPLANATION OF COURSE BENEFIT: (Attach a separate sheet if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Applicant Signature ___________________________ Date _____________