

## 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	Sa	t
Have you completed the	12-month employment?		
COURSE INFORMATIO Type: (_) College C	<u>DN:</u> ourse - Semester		
(_) Other:			
Location:	Dept. & Course	#	
Course Title:	In	structor Name:	
Start Date:	End Date:	Days:	Time:
Units Earned:	(OR) Hrs. of Credit:	(OR) Hrs. of Credit:Final Grade:	
EXPLANATION OF C	COURSE BENEFIT: (Attach	a separate sheet if n	ecessary)