

MEMORANDUM

TO: District Academic Director

FROM:

DATE:

SUBJECT: Faculty Enhancement of Professional Skills

In accordance with the Enhancement of Professional Skills section of the Hillsborough Community College District Board of Trustees/Faculty United Services Association Contract, I am requesting approval for the following:

Course(s) Prefix/Titles	Semester Hours	Number
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Institution Offering Course _____

Academic Term & Year _____

Reimbursement Amount _____

Date of Program Completion _____

- I am working to meet the minimum certification requirements made necessary by changes effected by the relevant accrediting agency(ies).
- I am a tenured faculty member seeking a higher degree.
- I am a tenured faculty member seeking to enhance or extend current skills.
- I am a non-tenured faculty member seeking a higher degree.
- I am a non-tenured faculty member seeking to enhance or extend current skills.
- Contract required faculty development coursework for tenure.

Statement of Educational Benefit to the College:

Approved Not Approved

District Academic Administrator **Date**

Approved Not Approved

Vice President for Education and Student Development **Date**

Note: In order to be considered, applications must be submitted 15 working days prior to the beginning of an academic term.
 Copy: Human Resources Department (for inclusion in the faculty members' personnel file) 2-1-026 (7/01)