

CURRICULUM AND INSTRUCTION

Professional Development Plan Approval Form

Student: ID #:

Phone: Date Admitted:

Area of Focus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Development Plan:**

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| **Semester /Year** | **Date** | **Professional Development Activity** |
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**\*Be very specific; attach additional pages if necessary.**

Approval Signatures Dates

Committee Chair (if different from C&I Coordinator)

Coordinator, C&I Doctoral Program

Chair, Department of Teaching & Learning or Ed. Specialties

CC: Student file

Updated: 7/6/21

**Professional Development Plan (Continued):**

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| **Semester /Year** | **Date** | **Professional Development Activity** |
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