

SOUTHERN STATE COMMUNITY COLLEGE

Professional Development Plan

Submit by May 1.

Long Range Goal _____

Describe how this will enhance your institutional role at SSCC: _____

If work is to be applied toward a degree state, which degree and expected date of completion:

Degree _____

Academic Field _____

Expected Date of Completion _____

College or University _____

Faculty Member Signature Date

Plan approved _____

Employee seeking reimbursement P 4 MCI((b)13e)0(r)2