

COMMUNITY COLLEGE OF AURORA

Professional Development Form

Name (print)

S #

Teaching Discipline

Date(s) of Activity

Sponsor(s) of Activity

Activity Title or Description

Clock Hours

Approved Professional Development Hours

Approved By:

Division:

Check the applicable box for the above activity:

New Faculty Orientation

Teaching and Learning (Methodology/Pedagogy)

Discipline Content (Subject Matter)

Entered by

(office use only)

Date