**FACULTY/PROGRAM DIRECTOR PROFESSIONAL DEVELOPMENT PLAN**

*Completed forms* ***must be signed by both parties****. Electronic or typed signatures are acceptable.*

*(Program Title)*

*(College/University Name)*

Name: Title:

Number of Hours worked *(FTE equivalent)*: Number of Credits Taught *(per academic year)*:

**Supervisor's Signature:**

Date

**Faculty/PD's Signature**:

Date

Date Developed: Date Revised:

| Connection to Program’s Strategic Plan | Goals | Action Steps To Achieve Goal | Timeline | Outcomes | Revised Goal |
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