

**NORTHWEST MISSISSIPPI COMMUNITY COLLEGE
PROFESSIONAL GROWTH AND DEVELOPMENT
ACADEMIC FACULTY**

Faculty Name: _____

Year: _____

I. List all seminars, workshops, or non-credit courses:	Date of Activity:	Hours of Attendance:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. List courses taken for credit in teaching discipline:	Semester Completed:	Number of credit hours:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. List any presentations or programs presented:	Date of Activity:	Length of presentation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Other faculty growth and development:
(Provide specific justification and documentation including dates, description of activity, etc.):
