PALO VERDE COLLEGE
WHERE KNOWLEDGE TAKES ROOT AND OPPORTUNITY GROWS

Request for CSEA Professional Growth Funds
Semester/Quarter dependent upon University Attending.

Name: _____ **Fiscal years:** _____

College/ University Attending: _____

Total Units for Degree: _____ **Units Per Semester:** _____ **Units Per Quarter:** _____

You Cannot receive payment for more than 6 Quarter or Semester Units (per CSEA contract)

1. **Attach a copy of the following:**
   a. Educational Plan
   b. All Course Descriptions

2. **Once you have completed the course(s), submit a copy of your grades ("C" or better) to receive payment.**

3. Please describe how these courses relate to your organizational assignment or list the education goal you are pursuing.

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4. **Will you request release time?**

   Yes ☐

   No ☐

5. **Have you or will you make a financial contribution towards your degree?**

   Yes ☐

   No ☐

6. **Have you used professional growth in the last year to earn a degree?**

   Yes ☐

   No ☐

Program approval must be obtained one month prior to enrollment (per CSEA contract).

I hereby state that I will provide documentation as proof of successful completion of course(s) prior to payment.

Signed: _____ Date: _____
(Employee)

Signed: _____ Date: _____
(Supervisor)

Signed: _____ Date: _____
(Superintendent/President)

CSEA USE ONLY

Committee Approval: _____Date: _____

Committee Approval: _____Date: _____

Committee Approval: _____Date: _____

Committee Approval: _____Date: _____

CSEA USE ONLY

Date: _____	PR #: _____	Courses:_____	Amount: _____
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