



Alternative Professional Development

Professional development must be discipline specific.

To meet accreditation standards. Please include proof of attendance with this form.

Dual Credit Instructor: _____

Liaison: _____

Professional Development: _____

Date of PD: _____

Brief Description of PD activity:

CSI Dual Credit Instructor (Print)

CSI Dual Credit Instructor Signature

Date

CSI Dual Credit Liaison (Print)

CSI Dual Credit Liaison Signature

Date