

In accordance with LBCCFCA Master Agreement Article 11.2. to receive credit
for professional training and/or lower division course work

Date of application : _____ Faculty Name : _____

Department/Program : _____

2. Description of Professional Training or Lower Division Coursework , continued

Name(s) of Institution (s)/Training Entity (s):

Contact information/link (s):

Expected timeline for plan completion:

Training/course start date: _____ Expected completion date: _____

Please provide an explanation for each of the following (attach additional sheet if needed):

Description of training (s)/course(s) :

Describe expected outcomes in terms of your professional development and how this coursework/training relates to your program :

Describe how the training/coursework will be evaluated and by whom, and how the number of instructional hours will

