

**PROFESSIONAL GROWTH PLAN  
Full-time Faculty**

Name \_\_\_\_\_

Date of Employment \_\_\_\_\_

Academic Area \_\_\_\_\_

**LEVEL OF DEVELOPMENT ON DATE OF EMPLOYMENT**

Degrees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rank and Step Placement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED GROWTH PLAN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Cabinet Member

APPROVED:

\_\_\_\_\_  
President