

Office of Academic Affairs

ARKANSAS TECH
UNIVERSITY
OZARK CAMPUS



Documentation of Faculty Professional Development

T Number: _____ **Academic Year:** _____

Name: _____

Begin Date: _____

End Date: _____

Event Codes: CS = Community Service
PD = Professional Development
TT = Technology Training

Event Description (Name) <i>(Please keep short):</i>	Event Code:	Hours Allowed:	Presented*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If you presented at an event, please list the actual hours involved and check that you presented.
Hours will be doubled on your Professional Development record.*

Approved: _____

Chief Academic Officer