

Application for Professional Growth

AR-4630

PROFESSIONAL GROWTH CREDIT FORM
GAGE COUNTY SCHOOL DISTRICT NO. 34
ADAMS, NEBRASKA 68301-0259

Request/Approval for Professional Growth Credit

1. (Must be completed before activity for units other than college hours.)

Participant's Name _____ Date _____

Name of Activity _____

Sponsoring Institution or Organization _____

Presenter _____

Number of clock hours for event _____

The above activity is approved for ____ professional growth units.

The above activity is not approved.

Date Administrator

2. (Must be completed after activity.)

Summary of content of activity or transcript:

The above activity has been verified for ____ professional growth units.

Date Administrator
PROFESSIONAL GROWTH RECORD
GAGE COUNTY SCHOOL DISTRICT NO. 34
ADAMS, NEBRASKA 68301-0259

Name _____

