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"Catch Your Dream Through a Superior Education"

FACULTY PROFESSIONAL DEVELOPMENT REPORT FORM

Last Name

First Name

Middle Initial

Address

Phone

City/State/Zip

Email

Status Full-time Permanent Part-time Part-time Adjunct

Teaching Subject(s) _____

Type of Development Activity (please specify below):

- Attended Workshop/Seminar** **Attended National Conference** **Participated in Summer Program**
 Enrolled in Course **Presented at Workshop of Conference** **Publications** **Other**

<u>Course Title, Publication(s), Workshop, Conference, etc.</u>	<u>Date</u>	<u>Hour(s) or Credits</u>

****Please attach verification of participation (e.g., transcript, CEU certificate, copy of registration, etc.) and brief evaluative summary**

Signature

Date

Dean's Initials **Date Received**

Submit completed Professional Development Form along with verification of participation and brief evaluative summary to the Dean of Instruction within 2 weeks of completing activity.