Niiwin Akeaa Campus 111 Beartown Road Baraga, MI 49908 Phone: (906) 353-4630 Fax: (906) 353-8107

Dean's Initials Date Received



Wabanung Campus 770 N. Main St. L'Anse, MI 49946 Phone: (906) 524-8400

Fax: (906) 524-8106

"Catch Your Dream Through a Superior Education"

FACULTY PROFESSIONAL DEVELOPMENT PRE-APPROVAL FORM

Complete and submit this form to the Dean of Instruction prior to the activity to ensure its applicability your professional development. The form is required if the activity will be supported with college funded actional leave time.			
Last Name	First Name	Middle Initial	
Type of Development A	Activity (please specify below):		
] Workshop/Seminar	☐ National Conference ☐ State or	Regional Conference	
Credit-granting Cour	rse Presentation at Workshop or Con	nference 🗆 Summer Progra	nm 🗆 Other
Activity planning:] Included in professional development plar	n □ New activity	
Amount of funding reque	ested:		
Educational leave reque	sted:		
Plan to cover classes: _			
urse Title, Publica	tion(s), Workshop, Conference, et	Date(s)	Hour(s) or Credits
			I