

BUTTE COMMUNITY COLLEGE
PROFESSIONAL ADVANCEMENT APPLICATION

Check One: _____ **Column Movement** _____ **Academic Longevity**

Name: _____ **Date:** _____

Department: _____

APPROVAL IS REQUESTED FOR THE FOLLOWING COURSE/SPECIAL PROJECT:

<u>Dept. #</u>	<u>Course Title</u>	<u>Institution</u>	<u>Enrollment Period</u>	<u>Units</u>	
					Sem/Qtr
					Sem/Qtr

OR

<u>Title of Proposed Special Project</u>	<u>Project Period</u>	<u>Proposed Units</u>	
Blackboard Learning Institute (BLI)	Open Enrollment	2.0	Sem/Qtr

Unit Value Designated by LTPA/Vice President:

***** IMPORTANT: PLEASE ATTACH A TYPED JUSTIFICATION AS TO HOW THE COURSE(S) OR SPECIAL PROJECT RELATES TO YOUR JOB DUTIES AT BUTTE COLLEGE (SEE PUBLISHED LTPA COMMITTEE GUIDELINES). *****

REQUEST

Approved () Denied () _____
LTPA Committee Chair Date

Approved () Denied () _____
Vice President for Learning Date

COMPLETION (Verified and Approved for Column Movement or Longevity Step)

Approved () Units: _____
LTPA Committee Chair Date

Approved () Units: _____
Vice President for Learning Date

Distribution: **White:** Human Resources **Canary:** Academic Faculty Member **Pink:** Academic Faculty Member Control Copy