**PROFESSIONAL IMPROVEMENT GUIDELINES (PIC-FORM 1)**Deadlines for filing (PIC Form 1): October 15<sup>th</sup>, January 15<sup>th</sup>, May 15<sup>th</sup>

APPLICATION FOR COURSE APPROVA	L DATE:
(Original and <b>TWO</b> copies)	
NAME:	POSITION:
NAME: (please print)	
SCHOOL:	
I hereby apply for approval of the following cousalary schedule for teachers. I understand that cr Improvement Committee receives official notice refer to the 1995 revised guidelines for successfu	redit will not be awarded until the Professional es of the successful completion of this course. (Please
INSTITUTION:	
COURSE NUMBER:	
COURSE TITLE:	
Anticipated Credits:	
Beginning Date:	Finishing Date:
Course Description: (from college / universi	ty catalog)
For use of PIC	
	Signature of applicant
	(Submit original and TWO copies)
	Date received by PIC:
*Do not submit transcript until ready for land	