



Professional Development Plan

Student: _____ **Today's Date:** _____

Thesis Advisor: _____ **First Teaching Semester:** _____

Student: Describe your plan for fulfilling the professional development alternative to a second semester of teaching. Provide as much detail as possible, including: nature of the activity/-ties, time commitment, intended professional development outcomes, and timeframe in which you anticipate completing this requirement.

Committee Members: Please initial in the middle column to indicate your approval of the student's professional development plan. Please sign next to your name in the right column only after the student has successfully completed the proposed plan.

Committee member approval of plan	Initial	Committee member confirms plan completed

ECC Approval: _____ **Date of Approval:** _____

Date of Completion: _____ **Student Signature:** _____

*** This plan is in lieu of a second semester of teaching in a Biochemistry course per 2021-22 IPIB Handbook Section 4.6 and must be completed for graduation. ***