COLLEGE OF SOUTHERN NEVADA

HUMAN RESOURCES W40E
6375 W. CHARLESTON BLVD
LAS VEGAS, NEVADA 89146
PHONE (702) 651-5800 – FAX (702) 651-5778

APPLICATION FOR PROFESSIONAL ADVANCEMENT

Occupationally-Related Course Work

USE ONE SHEET PER COURSE OR PROGRAM
(Please type or print)

Faculty Name _____ Teaching Area _____ Department _____

CSN Phone Number _____ Home Phone Number _____ Sort Code _____

Were you hired on a tenure-track contract? ☐ YES ☐ NO Current Salary Schedule Column Placement _____

I request approval for the following course/program/educational event:

Title: _____

Sponsoring Institution/Agency: _____

Instructor: _____

Background/Qualifications: _____

Location: _____ Clock Hours: _____

I plan to complete this occupationally related course work on: _____
Month Day Year

ATTACH to this application:

- **Copy of brochure or published course description that includes topics/subjects covered.**
- **Verification of attendance (signed course completion certificate from sponsoring institution or an *Occupationally Related Coursework Verification of Attendance* form signed by the presenter)**

PROVIDE rationale for approval:

_____
Applicant's Signature Date

_____ Recommendation YES NO
Chair/Immediate Supervisor Date

_____ Recommendation YES NO
Dean Date

_____ Recommendation YES NO
Professional Standards Committee Date

_____ Recommendation YES NO
Vice-President Date