

EMMANUEL CHRISTIAN ACADEMY

**Individual Professional Development Final Report
College Course Work**

Name _____ Department _____

COURSE TITLE: _____

University offering course: _____ Department _____

of Credit Hours: _____ Type (circle one) semester quarter

Date(s) of Course: _____

Location: _____ Time: _____

COURSE OBJECTIVES

Indicate how this college course supports your Professional Development Plan.

Educator's Signature _____	Date _____	
Reviewed by _____	Date _____	
____ APPROVED	____ REVISIONS NEEDED	____ NOT APPROVED

Upon completion of course work, a copy of the final grade report must be submitted to the LPDC within 6 weeks.