

**Trinity Valley Community College
Request for Alternative/Semester Credit
For Professional Growth**

Name:	
Department:	
Course/Activity:	
Date Form Completed:	Date of Activity:
Alternative Credit Requested (hours):	
Semester Credit Hours Requested:	

Is this a request for Prior Approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, has this request received Prior Approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How does activity relate to job or instructional assignment?

Does this activity directly relate to teaching Distance learning courses?
 Yes No

If yes, how many hours?
 (Vice President of Instruction's office will forward a copy of this form to the Director of Distance Learning.)

If requesting semester hours for classes taken, an official transcript MUST be submitted to the President's office.

Approved: Yes No

Division Chairperson/Director:	Date:
Assistant VP/Provost:	Date:
Vice President of Instruction:	Date:

*Note – The approval of this request for this activity is specific to this occurrence, and in no way guarantees approval of this activity for future occurrences.