

**BUTTE COMMUNITY COLLEGE**  
**PROFESSIONAL ADVANCEMENT APPLICATION**

**Check One:** \_\_\_\_\_ **Column Movement** \_\_\_\_\_ **Academic Longevity**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**APPROVAL IS REQUESTED FOR THE FOLLOWING COURSE/SPECIAL PROJECT:**

<u>Dept. #</u>	<u>Course Title</u>	<u>Institution</u>	<u>Enrollment Period</u>	<u>Units</u>	
					Sem/Qtr
					Sem/Qtr

**OR**

<u>Title of Proposed Special Project</u>	<u>Project Period</u>	<u>Proposed Units</u>	
Certified Online Instructor Training (COIT)	Open Enrollment	2.0	Sem/Qtr

**Unit Value Designated by LTPA/Vice President:**

\_\_\_\_\_

**\*\*\* IMPORTANT: PLEASE ATTACH A TYPED JUSTIFICATION AS TO HOW THE COURSE(S) OR SPECIAL PROJECT RELATES TO YOUR JOB DUTIES AT BUTTE COLLEGE (SEE PUBLISHED LTPA COMMITTEE GUIDELINES). \*\*\***

\_\_\_\_\_

**REQUEST**

Approved ( ) Denied ( ) \_\_\_\_\_  
LTPA Committee Chair Date

Approved ( ) Denied ( ) \_\_\_\_\_  
Vice President for Learning Date

**COMPLETION (Verified and Approved for Column Movement or Longevity Step)**

Approved ( ) Units: \_\_\_\_\_  
LTPA Committee Chair Date

Approved ( ) Units: \_\_\_\_\_  
Vice President for Learning Date

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