San Jose City College

Perkins Professional Development Activity Application

Business and Workforce Development Division

Name ________________________________ Date ____________________

Department ________________________________

Name or Title of Activity ________________________________

Date(s) of Event ____________________ Location ________________________________

URL of the Event ________________________________ (Attach a copy of the conference description.)

Describe how does this activity aligns with your Perkins Annual goals (document available in Dean Thompson’s Office) and department’s Program Review:

Select the SJCC Strategic Goal the activity aligns with:

Goal #1: Promote Student Success
Goal #2: Expand Partnerships with External Communities
Goal #3: Enhance Employee Development
Goal #4: Foster Cultural Competence
Goal #5: Increase Campus Safety
Goal #6: Expand Resource Development

Describe how you will implement in your classroom/work environment and how you will assess the information learned at the conference:

Employee Signature ________________________________ Date ____________________

Division Dean’s Signature ________________________________ Date ________________

Approved: Yes __________ No __________

Amount Awarded: $ ________________

Walking with Integrity Towards Students Success