

MISSOURI SOUTHERN STATE UNIVERSITY

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Upon completion of your professional development opportunity, please submit this form to the
Office of Academic Outreach and your MSSU Department Chair.

INSTRUCTOR INFORMATION

High School Faculty Member Name: _____

Employer/District: _____

MSSU Department: _____ Academic Year: _____

DC Course(s) Taught: _____

PROFESSIONAL DEVELOPMENT (PD) INFORMATION

Name/Title of PD Opportunity: _____

Brief Description of PD Opportunity*: _____

This PD opportunity addressed: (Check all that apply).

- course content course delivery assessment
 evaluation research and development in the field

***Please attach a copy of any pertinent materials from the event (such as seminar agenda, event minutes, conference report, etc.)**

High School Faculty Member Printed Name & Signature

Date

PD Presenter/Representative Printed Name & Signature

Date