

SADDLEBACK COLLEGE CAREER TECHNICAL EDUCATION COLLABORATIVE GRANT

EXTERNSHIP or PROFESSIONAL DEVELOPMENT APPLICATION

1. Select the application in which you are applying for:
2. Externship Professional Development
3. School Site or ROP Supervisor's Signature
4. No out of state travel will be approved.
5. Send the complete application to: Tracy McConnell, tmcconnell@saddleback.edu

Name & Title	District	
School:	Date of Activity:	
Email:		
Industry Sector/Career Pathway:	Phone:	
Workshop/Conference/or Externship:	Location of Activity:	
Two line description of Externship or Professional Development Activity for listing on the grant website:		
Which area will your activity improve?		
Staff Effectiveness	Student Motivation/ Awareness & CTE Skills	Instruction
How Do You Believe Your Activity Will Result In Improvement in the Area (s) Selected?		
Please Provide Any Additional Information Below:		
Requestor's Signature & Date:		
School Site or ROP Supervisor's Signature & Date:		
Date rec'd _____	Office Use Only Approved _____	Not Approved _____