**Professional Development Report Form**

Faculty Liaison: VU Dept:

Date of Session: Start Time: End Time:

Location of Session:

Type of Session: (i.e. group session on campus, webinar, video conference)

Was session content created and delivered by an outside source?

If yes, please

specify

VU Course Number(s) that session is relevant to:

**Please list or attach separate sheet of attendees (dual credit instructor names and schools):**

**Description of session topics/content (attach detailed agenda and copies of session materials):**

***\*A typed name below serves as an electronic signature when this report is sent from a VU email address.***

**\*Faculty Liaison Signature: Date:**

***Note: A copy of this form must also be sent to the division dean.***

Revised 8.1.17