**Professional Growth Plan (PGP)**

**Student Name (Last, First, MI):**       **Program Name:** Choose an item. **Year in Program:**

**Advisor:**       **Evaluation Date**: Click or tap to enter a date.

**Objective 1:**

Activities to accomplish the objective:

Timeline for completing activities:

Criteria for successfully completing the objective:

**Objective 2:**

Activities to accomplish the objective:

Timeline for completing activities:

Criteria for successfully completing the objective:

**Resources to aid in completion of the plan (check all that apply):**

Extra feedback on work

Regular appointments with faculty

Referral to campus writing center

Referral for tutoring

Provision of extra training modules (e.g. plagiarism certificate, research compliance, other content)

Opportunity to retake a course or attend portions of a course

Articles or other reading materials to enhance success

Referral to counseling services

Other (please specify):

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Signature of Advisor Signature of Student Date

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Date PGP Successfully Completed Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Director Signature: Department Chair Signature