**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