



**GUAM COMMUNITY COLLEGE
PROFESSIONAL DEVELOPMENT ACTIVITY
CLEARANCE REPORT FORM**

DATE: _____

NAME: _____ **CONTACT NUMBER:** _____
MAILING ADDRESS: _____
POSITION TITLE: _____ **DIVISION:** _____

- ☐ This is to certify that I have completed and fulfilled my obligations to the College as outlined in my last approved Professional Development Activity Application Form, Section E.

**Please provide a brief summary of how your educational plan was completed.*

Objective/Activity	Date of Completion

- ☐ This section does not apply to me (not a prior approved applicant).

APPLICANT'S SIGNATURE

DATE

I have reviewed the Applicant's Professional Development Activity Application Form and certify that the applicant has completed and fulfilled all his or her obligations to the College as outlined in the last approved Professional Development Activity Application Form, Section E.

**DEAN'S
SIGNATURE**

DATE