PL#Type PL # Here

 Date Today's Date

Collin County Community College District

Professional Development/Travel

Summary Report

# Name: Type Name Here

Division/Department: Type Division/Department Here

Date(s) of Professional Development/Travel: Type Date(s) of Professional Travel Here

Conference/Workshop/Meeting Title: Type Conference/Workshop Meeting Title Here

Please summarize how the Professional Development/Travel has benefited you, the students and the Collin County Community College District. (You may include a brief description of sessions attended, benefit of training, information learned, etc.)

Type Summary and Description Here

**Attach 2 copies of the Travel Summary Report to your Professional Leave Form at the completion of travel.**