



EDUCATION PLAN

NAME: _____ DATE OF APPLICATION: _____

POSITION: _____ LOCATION/CENTER: _____

It is understood by the applicant of this Education Plan that no course work is to be commenced until a copy of the approved plan with required signatures is returned to the applicant.

Applicant's Signature: _____

New Degree Sought: _____

New Degree Entry Date: _____

New Degree Completion Date: _____

Proposed Major: _____

Proposed Minor: _____

Narrative -- How will this degree enhance your teaching or professional duties with VC?

AUTHORIZING SIGNATURES

PROGRAM OF STUDY APPROVED:

Supervising Dean* Date College President Date

PROGRAM OF STUDY DISAPPROVED:

Supervising Dean* Date College President Date

NOTE: Human Resources Officer will verify details of Education Plan are in compliance with appropriate rules and regulations of *Policies and Procedures Manual*.

The stipend or change in salary will be paid upon issuance of new contracts.

Upon completion of degree and submission of transcript:

NON-FACULTY ELIGIBLE FOR EDUCATIONAL STIPENDS:

- _____ Certificate - \$250
- _____ Associate - \$500
- _____ Bachelor - \$750
- _____ Master - \$1,000
- _____ Doctorate - \$1,250

FACULTY ELIGIBLE FOR SALARY INCREASE:

_____ Bachelors, _____ Masters, _____ Doctorate

Supervising Dean* Date College President Date

Received Human Resources office Date: _____

Acknowledgment: _____
Human Resources Director