



CAREER DEVELOPMENT PLAN

Associated Students Educational Fees Refund Program

Employee Name: _____ Dept/Area: _____

I understand that I must pay my fees in advance, successfully complete each class, make reasonable progress following the below plan and that I must comply with the academic standards of the university in order to continue to participate in the program and be reimbursed for each class.

Employee Signature: _____ Date: _____

CAREER OBJECTIVE: The intent of the program is to provide eligible employees the educational opportunity to gain a new career or advancement within Associated Students. In addition, employees may wish to take courses for self-enrichment

Briefly describe your career objective:

ACADEMIC PREPARATION: List all of the courses (lower div., upper div., and/or graduate), which you need to fulfill in order to attain the educational level required by your career objective or self-enrichment. Please use the back, if necessary. The Associated Students Executive Director must approve the list of courses. Your progress in the Educational Fees Refund Program is monitored based on this list of courses. Changes require an amended plan approved by the Executive Director.

Degree Objective: _____ Major: _____

Option: _____ General Education Plan: _____

Course Number	Course Title	Semester Enrolled	Free Reimbursement

Supervisor Signature & Printed Name Date: _____

A.S. Executive Director Date: _____