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?

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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