

EDUCATION PLAN

NAME:	DATE OF APPLICATION:
Position:	LOCATION/CENTER:
It is understood by the applicant of this Education copy of the approved plan with required signature.	ion Plan that no course work is to be commenced until a ures is returned to the applicant.
Applicant's Signature:	
New Degree Entry Date: New Degree Completion Date: Proposed Major:	
Narrative How will this degree enha	nce your teaching or professional duties with VC?

AUTHORIZING SIGNATURES

PROGRAM OF STUDY APPROVED: Appropriate Vice-President Date College President Date Received Human Resources Office:____ Date PROGRAM OF STUDY **DISAPPROVED**: Appropriate Vice-President 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 College President Appropriate Vice-President Date Date Received Human Resources Office Date:

Human Resources Director/Date

Acknowledgment of final transcript received in HR Office: ___