



**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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