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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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

Received Human Resources office Date: ________________________________

Acknowledgment of final transcript received in HR Office: ________________________

Human Resources Director/Date