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 Vice-President Date College President Date

PROGRAM OF STUDY DISAPPROVED:

Supervising 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

Supervising Vice-President Date College President Date

Received Human Resources office Date: ______________________________

Acknowledgment: ____________________________

Human Resources Director