



CAREER DEVELOPMENT PLAN

SECTION 1: EMPLOYEE INFORMATION	
Name: _____	Department: _____
Classification: _____	Division: _____
E-mail: _____	Campus Phone Number: _____
SECTION 2: CAREER GOALS	
Short Term:	
Long Term:	
SECTION 3: ACADEMIC GOALS	
Degree Objective:	
Major Field of Study:	
Anticipated Completion Date:	
Other Training:	
Comments:	
SECTION 4: SIGNATURES	
Employee Signature: _____	Date: _____
Supervisor or Advisor Signature: _____	Date: _____
<i>Human Resources Only</i>	
Comments:	
Reviewed By: _____	Date: _____