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: |

*Human Resources Only*

Comments:

Reviewed By: ____________________________ Date: ____________________________