

**California State University, Chico
Faculty & Staff Fee Waiver Program
CAREER DEVELOPMENT PLAN**

Please return the completed Plan to: Staff Human Resources (Zip 010).

Employee Name: _____ Chico State ID# _____

Department: _____ Extension: x _____ Zip: _____

I plan to pursue one of the following two Career Development options.

1. An academic goal (requires signature of an academic advisor)

- Bachelor's Degree - Major: _____ 2nd Bachelor's Degree
- Master's Degree - Major: _____
- Teaching Credential Other Certificate: _____

A. General Education Courses to be completed:

Dept.	Course #	Dept.	Course #	Dept.	Course #	Dept.	Course #	Dept.	Course #

B. Coursework to be completed for major requirements:

Dept.	Course #	Dept.	Course #	Dept.	Course #	Dept.	Course #	Dept.	Course #

C. Coursework to be completed to fulfill total degree requirements:

Dept.	Course #	Dept.	Course #	Dept.	Course #	Dept.	Course #	Dept.	Course #

OR

2. Career advancement (requires signature of a classifier from Staff Human Resources Office)

CSU classification for which I propose to become better qualified: _____

These are the classes I plan to take in order to enhance or attain the qualifications required for the stated CSU classification

Dept/Course #	Title of Course	Skill, knowledge or ability to be enhanced/acquired

I understand that attainment of the goal (academic or advancement) identified in this Career Development Plan does not guarantee me a position when a job vacancy occurs.

Employee's signature _____
Date

I have reviewed the requirements of the stated goal and agree that the proposed courses are appropriate to that goal.

Academic Advisor's or Classifier's Signature _____ _____
Date Please Print Name of Advisor or Classifier