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CALIFORNIA STATE UNIVERSITY CHICO
HUMAN RESOURCES SERVICE CENTER

400 W. 1ST STREET
KENDALL HALL ROOM 220
CHICO, CA 95929-0010
530-898-6771
FAX: 530-898-5120

Faculty and Staff Career Development Plan

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: _____

   Students pursuing a master's degree through the Career Development Fee Waiver Program are not required to maintain continuous enrollment for each semester. Instead, they may submit an application to reactivate their student status if they have a break in their coursework enrollment. Contact the Graduate School if further instruction is needed.

   ☐ 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 fulfil total degree requirements:

Dept	Course #	Dept	Course #	Dept	Course #	Dept	Course #	Dept	Course #

OR

2. ☐ Career advancement **(requires signature of a classifier from Human Resources Service Center 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 Courses	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