

**PLAN OF STUDY**  
**All Faculty and Staff**

Employee may enroll in six (6) credit hours of college level work in a regular semester during the work day.

Name \_\_\_\_\_

**Place or area of employment** (Be specific):

- a. Academic Department (e.g., Art, Biology, Technology, Business, etc.) \_\_\_\_\_  
b. Other areas: (Fiscal Affairs, Student Development, Library, etc.) \_\_\_\_\_

**Type of employment** (Check one)

- a. Part-time \_\_\_\_\_ b. Full-time \_\_\_\_\_

**Highest certificate, diploma or degree presently held:** \_\_\_\_\_

**I am now engaged or plan to engage in further study:** a. Yes \_\_\_\_\_

b. If yes, the certificate, diploma or degree sought \_\_\_\_\_

c. Estimated date for completion of the above-listed program: Month \_\_\_\_\_ 20 \_\_\_\_\_

d. Institution where study is (or will be) conducted: \_\_\_\_\_

**Career for which study is designed to prepare me:** \_\_\_\_\_

The study in which I am (or plan to be) engaged will contribute to the efficiency and effectiveness of my present employment in the following ways: \_\_\_\_\_  
\_\_\_\_\_

**Present Study Program:**

<u>Course Title</u>	<u>Class Meeting</u> (hours, e.g., 8-9)	<u>Meeting Days</u> (Days)	<u>Semester Hours</u> (Credit)
_____	_____	_____	_____
_____	_____	_____	_____

Comments or remarks as to how work will be made up, if applicable. \_\_\_\_\_

\_\_\_\_\_  
Signature

**TO BE PROCESSED BY THE HEAD OF THE AREA:**

The above study plan is approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Department Head \_\_\_\_\_ Date \_\_\_\_\_  
Vice President/Dean \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ President \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_