

Career Development Plan

EMPLOYEE INFORMATION					
Employee Name:			Classification:		
Department:			Current Position		
Contact Information: Current Edu			<u> </u>		
Campus Phone: Fax:		☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate			
CAREER GOALS					
I plan to pursue one of the following Career Development options.					
☐ ACADEMIC GOAL OR			☐ CAREER ADVANCEMENT		
Bachelor's Degree – Major: CSU Career Objective:					
Doctoral Degree – Major: Teaching Credential			CSU Classification Title (goal)		
CAMPUS AT WHICH COURSES WILL BE TAKEN:					
Course work to be completed for career objectives:					
Course # Course Title		Course	Course Title		
I understand that I must take courses for credit, meet the campus' academic standards, and pursue only courses relevant to the attainment of my goals(s). I further understand that the completion of the Career Development Plan and all related coursework, does not guarantee the advancement within the University.					
Employee's Signat	ture			Date	
DEPARTMENT REVIEW					
Manager/Dean/Provost/Vice President				 Date	
FAX Form to the Human Resources Department at (707) 654-1141.					