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| INDIVIDUAL CAREER DEVELOPMENT PLAN (ICDP) - Fee Waiver Program |
| An Individual Career Development Plan (ICDP) is a formal plan of course work and/or development activities that will qualify an employee for a classification in the CSU. It is also a written record of understanding between the employee and the university and is intended to assist the employee in reaching short- or long-term career development goals. These goals should be mutually beneficial to the university and the employee. *Completion of an ICDP does not guarantee a promotion or reassignment to another position.*An ICDP must be completed by all new enrollees in the fee waiver program and revised whenever there is a change in career development goals.**If your ICDP includes a degree objective, you MUST declare a major, complete the matriculation and evaluation process, and be formally admitted into the degree program** |
| **EMPLOYEE INFORMATION** |
| Name      | Department/College/Division      |
| Current Job Classification      | Supervisor’s Name       |
| Emplid       | Email       | Campus Extension       |

**GOALS & OBJECTIVES**

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| Indicate highest level of education completed:       |
| Does your objective include completing a degree program? Yes [ ]  No [ ]  If so, please identify:       |
| Is your current objective enhancement of work related skills? Yes [ ]  No [ ]   |
| Briefly describe how course work will improve skills required to perform current job duties:      |
| How do your goals relate to the needs of your department, the University and/or the CSU system?      |
| Describe the job classification within the CSU which you would ultimately like to have. List any interim positions necessary to attain your overall career objectives:      |
| How may the career development courses assist you in meeting the educational or equivalent requirements for another job classification within the CSU?      |
| Employee Signature  | Date      |
| Supervisor Name  | Supervisor Signature | Date       |
| Manager Name | Manager Signature | Date      |
| Fee Waiver Program Designee Name | Fee Waiver Program Designee Signature | Date      |