

CAREER DEVELOPMENT

**Associated Students Educational Fees Refund Program**

Employee Name \_\_\_\_\_ Area \_\_\_\_\_  
Current Classification Title \_\_\_\_\_  
Department Mail Drop Code \_\_\_\_\_ Phone Extension \_\_\_\_\_

I understand that I must pay my fees in advance, successfully complete each class, make reasonable progress following the below plan and that I must comply with the academic standards of the university in order to continue to participate in the program and be reimbursed for each class.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAREER OBJECTIVE: The intent of the program is to provide eligible employees the educational opportunity to gain a new career or advancement within Associated Students. Therefore, you must list a career or degree objective below and list all of the classes required for you to fulfill this goal.

Briefly describe your career objective:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACADEMIC PREPARATION: List all of the courses (lower div., upper div., and/or graduate), which you need to fulfill in order to attain the educational level required by your career objective. Please use the back, if necessary. The Associated Students Personnel Board must approve the list of courses. Your progress in the Educational Fees Refund Program is monitored based on this accurate list of courses. Changes require an amended plan approved by the Personnel Board.

1. Degree Objective, if required: \_\_\_\_\_ 2. Major: \_\_\_\_\_  
3. Option: \_\_\_\_\_ 4. General Education Plan: \_\_\_\_\_

Course Number	Course Title	Semester Enrolled	Free Reimbursement

Supervisor: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
A.S. General Manager Date: \_\_\_\_\_