



FEE WAIVER PROGRAM

CAREER DEVELOPMENT PLAN UPDATE

Name: _____ Semester: _____

Department: _____ Year: _____

Working Title: _____

Classification: _____

Degree Program/
Coursework: _____

Please Check: Freshman Sophomore Junior Senior Graduate

1. List the classes you completed last semester and your grades:

(Please specify your anticipated grades if they are not available at this time. Upon receipt of your official grades, please send a copy to University Personnel.)

Department	Course Title	Grade

2. Evaluate your progress at this point in time toward your stated long-range career objectives.

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Human Resources Signature: _____