

**California State University, Dominguez Hills**  
**Career Development Plan Form – Fee Waiver & Reduction Program**

The purpose of career development participation in the fee program is to allow employees to make progress towards specific career goals within the California State University. The employee is responsible for establishing a course of study with an appropriate advisor of choice and submitting the Career Development Plan to Human Resources Management. HRM will review the plan for employee eligibility. A copy of the Career Development Plan will be kept in the employee's Fee Waiver file. The Fee Waiver coursework must directly impact the career development plan by fulfilling the CSU requirements and/or major degree requirements. Employees must meet the standard University admission requirements. Admission is continuous as long as good academic standards are maintained and satisfactorily progress is made on the development plan.

**A Career Development Plan form must be completed by the employee, reviewed and signed by the employee's immediate supervisor and the appropriate administrator, once completed the form must be submitted to HRM for review of eligibility requirements prior to registration. Completed applications must be submitted to HRM no later than three (3) weeks prior to the first day of the semester.**

Employee Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Job Title: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Degree Desired: \_\_\_\_\_

Proposed Date of Entrance: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

Campus of Attendance: \_\_\_\_\_

Please provide a brief statement about your career goal and how coursework at the University will assist in the achievement of that goal (if more space is needed, please attach additional sheet/s):

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I am taking courses under the California State University Fee Waiver and Reduction program on a voluntary basis and my employer does not mandate my participation. I understand that my participation in the Fee Waiver and Reduction program will not interfere with the operational needs of my department, as determined by the appropriate administrator. I understand that it is my responsibility to meet all program deadlines, complete all necessary documents and make reasonable progress in the attainment of my goal(s). I understand that I must achieve satisfactory grades and that courses must be taken for credit and not audited. Please attach a list of the course work that you expect to complete.

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

Administrator Signature: \_\_\_\_\_ Fee Waiver Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_