



**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: \_\_\_\_\_

University Personnel Signature: \_\_\_\_\_