**Cuyahoga Community College**

**Faculty Proposed Plan of Study for Salary Advancement**

**Academic Year \_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Proposed Plan of Study:**
2. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Institution accredited? ( ) Yes ( ) No If yes, name of accrediting body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Program accredited? ( ) Yes ( ) No If yes, name of accrediting body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will this coursework result in a Degree or Certificate? ( ) Yes ( ) No

If yes, name of Degree/Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Program Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Your Current Status Relative to the Program/Coursework:**

( ) Have applied to the program; am awaiting word on acceptance

( ) Have been accepted in the program

( ) Have completed enrolled hours. Number of hours completed \_\_\_\_\_\_

Applicability to current position: (attach additional supporting documentation if desired)

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

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**Based on your discipline, electronically submit the completed form as follows, no later than October 19th:**

* Nursing - to the Dean of Nursing
* Counseling or Learning Commons – to the Assistant Dean or Campus Director
* All other disciplines - to the appropriate Associate Dean

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

1. **Instructions to the Dean/Associate Dean/Campus Director:**

Please review this form, indicate whether you approve this proposed plan of study, inform the employee and forward to the individuals listed below no later than October 31st.

**( ) I do ( ) I do not**

Approve this proposed plan of study as acceptable for salary advancement.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If the proposed plan of study has been ***approved***, inform the employee, and forward this form to Holly Dufala, Faculty Affairs.
* If the proposed plan of study ***has not been approved***, inform the employee of the decline and their right to appeal in writing to the Faculty Salary Advancement Committee Lead, Dr. Sandy McKnight, VP, Academic & Faculty Affairs.