**Cuyahoga Community College**

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

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

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

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

Proposed Plan of Study:

1. 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. ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Based on your discipline, forward completed form no later than October 31st:**

**Nursing - to the Dean**

**Counseling or Library – to the Campus Director**

**All other disciplines - to the appropriate Associate Dean**

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**INSTRUCTIONS TO THE DEAN/DIRECTOR/ASSOCIATE DEAN: Please review this form, indicate whether you accept this proposed plan of study, advise the employee and forward no later than November 15th.**

( ) I do ( ) I do not accept this proposed plan of study as acceptable for salary advancement

Dean/Campus Director/Associate Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Campus Director/Associate Dean Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If the proposed plan of study has been accepted, advise the employee of the acceptance and forward this form to Marge Hoenich, Office of Faculty Affairs & Professional Development.
* If the proposed plan of study has not been accepted, advise the employee of the decline and their right to appeal in writing to the Faculty Salary Advancement Committee, Attention: Nicole LoVano, Human Resources District Office.