

**Cuesta College  
Classified Professional Growth &/or Educational Plan**

Name \_\_\_\_\_ Date \_\_\_\_\_

**THIS PLAN IS BEING UNDERTAKEN TO DEVELOP INCREASED COMPETENCE IN THE PERFORMANCE OF ASSIGNED JOB DUTIES, TO BROADEN SKILLS REQUIRED FOR PROMOTIONAL OPPORTUNITIES, OR TO PLAN FOR CAREER ADVANCEMENT AND THEREBY BENEFIT THE DISTRICT.**

**EDUCATION GOALS**

**What is your educational goal? Check appropriate box.**

- Transfer to complete a 4-year degree after obtaining an associate degree (AA/AS)
- Transfer to complete a 4-year degree/Completion of GE courses
- Obtain a 2-year associate degree without transfer
- Obtain a 2-year vocational degree without transfer
- Earn a vocational certificate without transfer
- Prepare for a new career; acquire job skills
- Advance in current job/career; update job skills

**PRIOR EDUCATION**

	Yes	No
H.S. graduate	<input type="checkbox"/>	<input type="checkbox"/>
GED/Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
AA/AS	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS	<input type="checkbox"/>	<input type="checkbox"/>

**HOW LONG DO YOU EXPECT IT TO TAKE FOR YOU TO COMPLETE YOUR FIRST GOAL?**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> One semester</li> <li><input type="checkbox"/> One year (two semesters)</li> <li><input type="checkbox"/> Three semesters</li> <li><input type="checkbox"/> Two years (four semesters)</li> <li><input type="checkbox"/> More than two years</li> <li><input type="checkbox"/> Don't know</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Major _____</li> <li><input type="checkbox"/> Vocational Certificate _____</li> <li><input type="checkbox"/> A.A./A.S. Degree _____</li> <li><input type="checkbox"/> Transfer School _____</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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**COLLEGE PROGRAM**

SEMESTER _____	Transfer	GE	AA/A	Non-transfer	units
Total					

Alternate Courses	Units

SEMESTER _____	Transfer	GE	AA/A	Non-transfer	units
Total					

Alternate Courses	Units

Staff \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

Vice President, Student Learning \_\_\_\_\_ Date \_\_\_\_\_