EXTENSION INDIVIDUAL STUDY PLAN

Name: ____________________________________ County: ____________________________

Program Area: __________________________ District: ____ Date submitted: _________________

Desired Degree: ____________________________________________________________________

Institution: ________________________________________________________________________

Criteria for degree approval will include:
● Degree content is directly related to the position requirements for current position
● Time demands of course work would not interfere with ability to perform present job
● Performance in current position

1. Explain how your desired degree will enhance your ability to perform your present position and how it is related to your Extension career. (Attach additional pages as needed)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2. Outline your projected plans for completion including how many courses you will take per semester, whether you plan to request study leave, and your projected timeline. We realize this plan may change due to class availability and personal situation. (Attach additional pages as needed)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3. A copy of the required coursework for the degree must accompany this form.

Degree Plan Approved: ____
District Director __________________________ Date

Degree Plan Denied: ____
Assistant Director __________________________ Date

District Directors send form to appropriate Assistant Director. Assistant Director sends back to District Director. A copy of the signed form should be kept by the agent, District Director, and one copy in the Extension Personnel Office.

09/09