

INDIVIDUAL CAREER DEVELOPMENT PLAN
California State University, East Bay

Name _____ Classification _____ Date _____

Dept. _____ Office Phone: _____

Class Level: Undergraduate Graduate

TERM applying for: Fall 20____ Winter 20____ Spring 20____ Summer 20_ ____

Declared Major: _____

To be completed by Employee

1. What is your career objective (long range)? If you are pursuing Post-Baccalaureate or Graduate coursework, please indicate how your career objective relates to the future needs of the University.

2. If you are pursuing a degree, please indicate the degree and major then complete (a) and (b):
 - (a) Have you submitted an application for admission to the University? Yes No
 - (b) Have you seen an academic advisor? Yes* No
*If yes, please attach your General Education Worksheet, and Department Advising Worksheet

3. How will this degree or course of study assist i