

**COWLEY COLLEGE CONTINUED FACULTY EDUCATION PLAN FORM**

In order that the College maintains a well-qualified staff in keeping with the institutional mission, the master's degree shall be considered the preferred minimum educational requirement for teaching general education courses, and the bachelor's degree shall be considered the preferred minimum educational requirement, or a combination of applicable experience and credentials, for teaching occupational courses. All vocational education personnel are expected to meet the certification requirements of the State of Kansas, as appropriate. Those individuals who do not meet the preferred qualifications shall present a minimum of six credit hours per year toward the required degree. This plan for continued study must be developed in consultation with the Chief Academic Officer and approved by the President. Exceptions to these requirements shall be made only upon approval of the Chief Academic Officer and authorization by the President. Written request for an exception must be submitted to the Chief Academic Officer thirty (30) days in advance of reemployment.

**Faculty Member Section**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Cowley College ID \_\_\_\_\_

Current Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Planned Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_ Current Completed Hours in Degree: \_\_\_\_\_

List Class Names for at Least Six Credit Hours You Will Complete in this \_\_\_\_\_ Academic Year:

Class: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Class: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Class: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

When classes are completed, send a transcript to the academic affairs office. This plan must be updated on a yearly basis and it is the responsibility of the faculty member to present it before the start of each academic year.

Instructor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use by Vice President of Academic Affairs and President**

Denied  Approved (if denied provide further faculty guidance)

Vice President of Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Denied  Approved

President: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

This completed form is placed in the faculty member's personnel file.