

ABC Staff Qualifications Plan Projected Course of Study

Applicant Name: _____ Program Name: _____

University or Institution: _____ Advisor: _____

First Semester: Date Started: _____

Course Number	Course Title

Second Semester: Date Started: _____

Course Number	Course Title

Third Semester: Date Started: _____

Course Number	Course Title

Fourth Semester: Date Started: _____

Course Number	Course Title

Summer Semester: Date Started: _____

Course Number	Course Title

Summer Semester: Date Started: _____

Course Number	Course Title

Summer Semester: Date Started: _____

Course Number	Course Title

Applicant

Advisor

Date

ABC Staff Qualifications Plan

Projected Course of Study

INSTRUCTIONS

This document is meant to be a "blueprint" of the course work required to obtain the credential/degree sought. As such, the Division is aware that courses may need to be taken during different semesters due to scheduling changes. This is acceptable as long as the course is identified somewhere on the Course Plan.

The Course of Study Plan will be reviewed by the Program Specialist each 6 month period to determine if progress has been made.

The applicant must:

- ✚ meet with their college advisor
- ✚ develop a course of study
- ✚ complete the Course of Study Plan
- ✚ obtain the College Advisor's signature
- ✚ submit a Course of Study Plan with the SQP Application, current credential & transcript of college hours completed to date.

Course Plan must be signed by the applicant and the college advisor/CDA instructor.

Note: If an online course of study is being pursued, the form may be completed and submitted with an email of verification that the outlined course of study will meet the requirements of the degree/certificate.