

UNIVERSITY OF KENTUCKY
COOPERATIVE EXTENSION SERVICE
COLLEGE OF AGRICULTURE

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.