

Barstow Community College District

- Program 1
- Program 2
- Program 3
- Program 4

Classified Employees Educational Development Program Declaration of Plan/Program Completion

Name		Date of Employment	
Title		Date Program Begins	
Course Title	Location/Institution	Units	Grade

Formula for conversion: *One (1) quarter unit times .667 = One (1) semester unit (5 quarter units = 3.34 semester units)*

Enrollment form must be submitted to Human Resources for review prior to the (1st) day of the course. Transcripts or other official verification must accompany this form when filling program completion.

Original Plan
 Revised Plan
 Program Completion

Employee's Signature	Date
Vice President of Human Resources	Date

Compensation for Educational Development shall be made within thirty (45) days following completion of eligibility requirements and submission to Human Resources.

APPROVED FOR PAYMENT	<div style="display: flex; justify-content: space-between;"> _____ President/Designee's Signature _____ Date </div>
---------------------------------	---