



Educational Plan ESP Tuition Reimbursement Program

(To be completed before the start of a degree program)

Name:		Date:	Emp ID:
Work Location:		Work position:	
Degree sought:	Associates	Bachelors	Other
Institution Name:		Estimated Graduation Date:	
Name of Program/Degree:			
Does this degree support your current role?			
If so, please explain:			
What are your goals in obtaining this degree?			

Please outline below, or attach Degree/Program requirements with this document:

For an example of Degree/Program Requirements, please click [here](#) .

For questions, please call 520.2584 or email [professionallearning@D11 .org](mailto:professionallearning@D11.org)