Educational Plan

ESP Tuition Reimbursement Program

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

Name: _____ **Date:** _____ **Employee ID:**_____

Work Location:_____ **Work Position:**_____

Degree sought: (Circle one) **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 (719)520-2584 or email ProfessionalLearning@D11.org