

Degree Plan (submit with FQR for those on active degree plans)

Name of Appointee: _____

Date (mm/dd/yyyy): _____

Nursing License # & State: _____ State: _____

Program of Employment: _____

Name of Program in which Enrolled**: _____

Degree to be obtained: _____

Date of Enrollment (must be currently enrolled for Degree plan to be approved): _____

Projected Date of Completion*** (mm/yyyy) – must be completed within six years of hire): _____

Please attach the approved degree plan from the school where faculty is enrolled. This should be sent with this page and the FQR.

**Notification and rationale should be submitted when the degree plan is not followed.

*****Upon completion of the degree, a transcript showing completion of the program should be submitted with an Update FQR.**

PROGRAM ADMINISTRATOR INFORMATION

Name of Program Administrator: _____

Email Address for correspondence of this form: _____

Attestation

I realize that this application is a legal document and that by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

Administrator Signature: _____ Date: _____

Submit with the FQR form to Janelle.martin@ks.gov.