CAREER PATHWAY: Administrative Professionals

Notification Form - MPP Supervisor

Employee's Name:

Department Name: **Division:** Select one

Classification/ Position Title:

The employee named above expressed interest in participating in the Career Pathway: Administrative Professional Program offered through the Staff Center at CSUSM. I understand the program entails four (4) sections including core courses, technical courses, experiential learning, and a capstone over a six (6) month period.

- Core courses and activities: 16 online courses plus additional activities and optional courses covering topics within introspection, organization, professionalism, relationship management, critical thinking and problem-solving, and communication.
- Technical courses: Five (5) courses and one (1) elective
- Experiential Learning component: one course or experience (networking, presentation delivery, service-learning)
- Capstone: Program portfolio project

All core courses are online courseware available 24/7 with internet connection.

As the employee's supervisor, I acknowledge that I have been properly advised and that I am aware of the employee named above's interest in participating in the career pathway program. I will allow release time, when appropriate, and in compliance with the employee's collective bargaining agreement. Participation in this program is optional and voluntary and does not guarantee stipends, bonuses, reclassifications, promotions, and/or transfers.

Supervisor/MPP Name:

Supervisor/MPP Email:

Supervisor/MPP Signature: **Date:**