

GEV EDUCATIONAL PLAN

OPNAV INSTR 1520.37B
 NPS WORK SHEET (rev 23 Apr 2019)

COMPLETE AND FORWARD TO:

Naval Education & Training Professional Development Center (NETPDC)
 Code N2 Voluntary Education
 Navy College Virtual Education Center
http://supportsystem.livehelpnow.net/new_ticket.aspx?cid=30432

PART A: STUDENT AND PROGRAM INFORMATION

(See Form Instructions, Page 6)

1) <input type="checkbox"/> INITIAL ED PLAN <input type="checkbox"/> REVISED ED PLAN		2) ADVISOR'S SIGNATURE		3) ADVISOR'S TITLE	
4) EDUCATIONAL INSTITUTION			5) NAME OF DEGREE SOUGHT		
6) SUBSPECIALTY CODE EXPECTED (see link below)*			7) WEBSITE ADDRESS (FOR SCHOOL DEGREE PROGRAM)		
8) DATE COMMENCE INSTRUCTION		9) DATE EXPECT COMPLETION		10) STUDENT SIGNATURE**	
				11) DATE	
12) RANK, NAME (Last, First, Middle Initial)			13) TELEPHONE: EMAIL:		
14) PRESENT MAILING ADDRESS (Include Zip)			15) NOTE CHANGE OF: <input type="checkbox"/> RANK <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE NO.		
16) ADMINISTRATIVELY ASSIGNED TO:			17) COLLEGE TERM <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER		

PART B: TERM AND ENROLLMENT INFORMATION

*List Educational Skills Requirements ESR(s) each course fulfills. View codes here: www.nps.edu/Academics/subspecialty-codes.html

For courses which satisfy degree requirements, indicate under "Requirements" as follows: (1) Required (no substitution), (2) Prerequisite, or (3) Elective
 Provide Course Descriptions for **ALL** courses listed.

****Your signature confirms understanding that any proposed course changes must be submitted to NETPDC in a revised, REDATED EP with changes (drops, adds) annotated.**

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATE D COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATE D COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

Dates (Day, month, year). FROM: TO:

ESR	REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

PART C: DEGREE AND FINAL PROJECT INFORMATION (See Form Instructions, Page 6)

18) PROJECT TYPE <input type="checkbox"/> DISSERTATION <input type="checkbox"/> THESIS <input type="checkbox"/> MAJOR REPORT		19) TITLE	
20) THESIS RESEARCH DESCRIPTION (If additional space is required, continue on reverse)			
21) TOTAL NUMBER OF CREDIT LISTED IN THIS PLAN		22) TRANSFER CREDIT ALLOWED FOR DEGREE	23) TOTAL CREDITS REQUIRED FOR DEGREE
24) DEGREE STATUS: <input type="checkbox"/> AWARDED <input type="checkbox"/> TO BE AWARDED		25) FULL TITLE OF DEGREE (MA, MS, MBA, ETC. with full title of degree program)	

GEV EDUCATIONAL PLAN (EP) PREPARATION INSTRUCTIONS

PART A: STUDENT AND PROGRAM INFORMATION

- Block 1:** Identify if the EP is an Initial Plan or a Revised Plan. Last approved EP must match the final transcript.
- Block 2:** Advisor reviews and signs.
- Block 3:** Advisor's title.
- Block 4:** Enter the name of the graduate institution you will be attending.
- Block 5:** Enter the name of the graduate degree you are pursuing.
- Block 6:** Insert the title and code name for the subspecialty code you are seeking for your degree. A list of Navy subspecialty codes and their requirements (ESRs) is found at: <http://www.nps.edu/Academics/subspecialty-codes.html>
- Block 7:** Enter the website address for the graduate institution you will be attending.
- Block 8:** Date started (or will start) instruction in your first academic term. Include day/month/year.
- Block 9:** Insert the date you are expected to complete the program.
- Block 10:** Student signature. Indicates accuracy of information provided.
- Block 11:** Date of this version of EP. **Each revised EP must be redated.**
- Block 12:** Student rank and name.
- Block 13:** Student telephone number and email address.
- Block 14:** Provide your mailing address.
- Block 15:** If submitting a revised EP, indicate changes to rank/address/email/phone number.
- Block 16:** State name of military unit to which you are/will be attached during period of instruction.
- Block 17:** Indicate whether your institution is on a semester or quarter schedule.

B: PART II: TERM AND ENROLLMENT INFORMATION

Course descriptions should be provided for all courses listed on EP.

ESR: Above each term indicate the specific dates of instruction (day, month, year) in the FROM and TO fields. In each column provide the requested information: department/course number, course title and credit hours. Indicate what Educational Skill Requirement(s) (ESRs) each course satisfies. ESRs for the subspecialty code can be found on the Naval Postgraduate School Subspecialty Website at <http://www.nps.edu/Academics/Subspecialty.html>.

REQUIREMENT: For courses which satisfy degree requirements, indicate under "Requirements" as follows: (1) Required, no substitution (2) Prerequisite (3) Elective

C: PART III: DEGREE AND FINAL REQUIREMENTS INFORMATION

- Block 18:** Indicate whether or not your degree program has dissertation, thesis, major report/capstone or not applicable.
- Block 19:** If applicable, indicate the title of your final project.
- Block 20:** If applicable, indicate a description of the project.
- Block 21:** Indicate the number of credit units listed on the plan at time of completion.
- Block 22:** If applicable, indicate transfer credit allowed for degree.
- Block 23:** Indicate total credits required for degree.
- Block 24:** Indicate if degree awarded yet.
- Block 25:** Provide full title of degree.

Below to be completed by the SME:

SUBJECT MATTER EXPERT (SME) REVIEW OF EDUCATIONAL PLAN (EP)

Instructions to SME:

- If this EP sufficiently satisfies the Educational Skills Requirements of the code indicated, please sign below and indicate the specific P/G code you approve.
- If this EP does not sufficiently meet ESRs, please clearly state in COMMENTS below exactly what ESRs must still be covered and any other recommendations for course changes, so member can attempt to revise EP and resubmit.

SME Name: _____

Date Reviewed: _____

Subspecialty Code Approved (state the XXXXP/G code): _____

SME Signature: _____

SME Comments:

Provide thorough recommendations for course changes, list of ESRs that still must be covered, etc., as well as any other comments or guidance for the student.