**University of Pittsburgh**

**Annual Graduate Student Career Development Plan**

NAME: Click here to enter text.

SCHOOL: Choose one DEPARTMENT: Click here to enter text.

GRADUATE PROGRAM/DEGREE: Click here to enter text.

YEARS IN PROGRAM: Click here to enter text. DATE OF PLAN: Click here to enter a date.

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**1. Career Goal**

A Graduate Student Career Development Plan is a professional tool which outlines long-term and short-term objectives that you and your graduate advisor have identified as important steps in your professional development at the University of Pittsburgh. A comprehensive review of your career goals and objectives at the beginning of your graduate experience as well as ongoing constructive feedback from your graduate advisor will increase the probability of your achieving your individual career goals.

Please indicate **one or more** of your individual career goals:

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| --- | --- |
|  | Please Specify (where applicable): |
| Academic | Click here to enter text. |
| Public Sector/ Government | Click here to enter text. |
| Private Sector/ Industry | Click here to enter text. |
| Other | Click here to enter text. |

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**2. Dissertation Committee**

**Primary Advisor/Mentor**

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| --- | --- | --- | --- |
| Name | Click here to enter text. | Title | Click here to enter text. |
| School | Click here to enter text. | Department | Click here to enter text. |
| Division | Click here to enter text. |

Dissertation members

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| --- | --- | --- | --- |
| Name | Click here to enter text. | Title | Click here to enter text. |
| School | Click here to enter text. | Department | Click here to enter text. |
| Division | Click here to enter text. |

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| School | Click here to enter text. | Department | Click here to enter text. |
| Division | Click here to enter text. |

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| School | Click here to enter text. | Department | Click here to enter text. |
| Division | Click here to enter text. |

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| Name | Click here to enter text. | Title | Click here to enter text. |
| School | Click here to enter text. | Department | Click here to enter text. |
| Division | Click here to enter text. |

**3. Mentoring Network**

In addition to the guidance of your faculty advisor, the support of a diverse network of mentors will further enhance your graduate student experience. After consulting with your faculty advisor, identify individuals aside from your dissertation committee members whose backgrounds and experiences can contribute to your awareness of career options, can facilitate your career exploration, and can support your personal well-being and overall professional development.

Mentors may be outside the university. Leave School, Department, Division, blank for non-academic mentors.

**Mentor** ☐ Pitt ☐ Other Academic ☐ Other Non-Academic

Name Click here to enter text.

Title Click here to enter text.

University or Organization Click here to enter text.

School Click here to enter text.

Department Click here to enter text.

Division Click here to enter text.

Provide role/rationale for selecting this mentor: Provide rationale for selecting this mentor and how this individual will help you reach your career goals.

Click here to enter text.

Describe your strategy for communicating with the mentor: Indicate the proposed frequency of contact (weekly, monthly), method (in-person, email, phone) and the format of mentoring sessions (individual or with other mentors).

Click here to enter text.

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**Mentor** ☐ Pitt ☐ Other Academic ☐ Other Non-Academic

Name Click here to enter text.

Title Click here to enter text.

University or Organization Click here to enter text.

School Click here to enter text.

Department Click here to enter text.

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Provide role/rationale for selecting this mentor: Provide rationale for selecting this mentor and how this individual will help you reach your career goals.

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Click here to enter text.

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**Mentor** ☐ Pitt ☐ Other Academic ☐ Other Non-Academic

Name Click here to enter text.

Title Click here to enter text.

University or Organization Click here to enter text.

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Click here to enter text.

Describe your strategy for communicating with the mentor: Indicate the proposed frequency of contact (weekly, monthly), method (in-person, email, phone) and the format of mentoring sessions (individual or with other mentors).

Click here to enter text.

**4. Graduate Student Skill Development**

The following list represents the optimal range of graduate student skill development:

1. Discipline Specific Knowledge 7. Grant and Fellowship Writing
2. Research and Scholarship Skills 8. Clinical or Applied Skills
3. Dissertation Writing 9. Management and Leadership Skills
4. Instructional Training and Teaching 10. Communication Skills
5. Publications 11. Career Exploration and Development
6. Responsible Conduct and Ethics 12. Job Search Skills

Each field below contains a drop-down list of these skills which allows you to design an annual plan that is applicable to your individual situation, your educational program, and your stage of training. Short-term goals, such as learning objectives and skill acquisition, may be established annually, whereas long-term goals might be established initially and revisited as needed.\*

Working with your faculty advisor and network of mentors, identify those skills to prioritize within your annual plan. Some skills may only be relevant early in your training, whereas other skills may become applicable later in your training.

This plan also serves as a benchmark for your annual self-assessment of your graduate student experience and will contribute to your graduate advisor’s assessment of your progress.

\* Not limited to three goals – Add additional pages

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| 1. **Goal Category** Choose One. Click here to enter text.

**Timeline X\*\***  |
| Goal #1 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #2 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #3 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |

\*\* Mark as Steps/Goals are completed

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| **2. Goal Category**  Choose One. Click here to enter text.**Timeline X\*\*** |
| Goal #1 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #2 | Click here to enter text. | Click here to enter text. |  |
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| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #3 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |

\*\* Mark as Steps/Goals are completed

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| **3. Goal Category** Choose One. Click here to enter text. **Timeline X\*\***  |
| Goal #1 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #2 | Click here to enter text. | Click here to enter text. |  |
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| Goal #3 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |

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| **4. Goal Category** Choose One. Click here to enter text. **Timeline X\*\***  |
| Goal #1 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #2 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #3 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |

\*\* Mark as Steps/Goals are completed

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| **5. Goal Category** Choose One. Click here to enter text. **Timeline X\*\*** |
| Goal #1 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #2 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #3 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |

\*\* Mark as Steps/Goals are completed

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| **6. Goal Category** Choose One. Click here to enter text. **Timeline X\*\***  |
| Goal #1 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #2 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |
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| Goal #3 | Click here to enter text. | Click here to enter text. |  |
| Steps/Training | Click here to enter text. | Click here to enter text. |  |
| Outcomes | Click here to enter text. | Click here to enter text. |  |

\*\* Mark as Steps/Goals are completed

INSERT ADDITIONAL CATEGORIES AS NEEDED

SIGNATURES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Graduate Student* Date

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 *Faculty Advisor* Date