**University of Pittsburgh**

**School of Public Health**

**Graduate Student Career Development Plan**

NAME: Click here to enter text.

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.

A Graduate Student Career Development Plan is a tool that outlines long-term and short-term objectives that you and your graduate advisor have identified as important steps in your professional development. Regular reflection on these goals and competencies and planned steps toward achieving them will help ensure that you achieve your educational and career-preparation aims during your degree program.

This form is intended as a guide only – a tool to help you and your advisor sit down and talk about your plans and needs. No particular element of this form is required, and you and your advisor should feel free to deviate from it as appropriate for your situation.

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**1. Career Goals**

Please indicate **one or more** career goals that you are considering, for example “pharmaceutical company statistician,” “work for an international NGO,” “university faculty,” “policy analyst for government or insurance sector.” How sure are you? Are you set on one particular goal, or are you still exploring a number of options?

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**2. Formal Mentors**

List your formal mentors (advisor or advisors and committee members). If you are early in your graduate career you may not have all of these individuals named yet.

**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. |

**Committee members or other formal mentors**

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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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| 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. Informal 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. You may want to identify individuals outside of your committee or outside of the university 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.

**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.

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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.

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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 a wide of graduate student skill development. These categories are only suggestions. Feel free to add and subtract categories as appropriate.

1. Discipline specific knowledge (areas of “mastery” and “familiarity”)
2. Applied skills in the discipline (e.g. “program evaluation,” “SAS,”)
3. Clinical skills
4. Management and leadership skills
5. Professionalism and ethics
6. Professional writing (e.g. grant or proposal writing, scientific paper writing)
7. Research and scholarship skills (e.g. literature search, bioinformatics tools)
8. Teaching skills
9. Other communication skills (e.g. oral presentations, research posters)
10. Job Search Skills

The fields below can be used to list skills/goals in the categories above and outline a plan for achieving them. 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. You are not limited to three goals – add pages as needed.

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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. |  |
| 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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| **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. |  |
| 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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| **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. |  |

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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