



DEGREE ADVANCEMENT REQUEST

Name: _____ ID#: _____ Date: _____

Position/Title: _____ Department/Division: _____

Type of Employment:

Faculty Clerical / Support Administrative / Professional

Program of Study and Major or Concentration

Associate: _____ Bachelor: _____

Master: _____ Doctoral: _____

Institution of Study (Name, City & State): _____

This institution is accredited by: _____

Date of Proposed Study From: _____ To: _____

APPROVED

DENIED, IF DENIED PLEASE INDICATE BELOW

Degree is not directly applicable to the duties of the position currently held.

Other: _____

Employee Signature Date

Supervisor Signature Date

Dean/Assistant VP Signature Date

Vice President Signature Date

Director of Human Resources Signature Date

President Signature Date

*All signatures required regardless of approval or denial

Form to be submitted by employee requesting initial approval to pursue educational degree to receive monetary award. This form does not replace the Fee Waiver or Tuition/Maintenance Reimbursement applications.