



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.