



## 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

\_\_\_\_\_  
VP for 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.