



Office of Human Resources

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: _____

Dates 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 Approval

Date

Dean/Assistant VP Approval

Date

Vice President Approval

Date

Director of Human Resources Approval

Date

President Approval

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.

Rev: 03/30/2016