



Certification / Degree Advancement Request

Name: _____ ID# _____ Date: _____

Position: _____ Department: _____

[] Faculty [] Clerical / Support Staff [] Administrative / Professional

Type of Advancement: [] Degree [] CAP Certification [] Non-Degree

Program of Study & Major or Concentration

[] Associate: _____ [] Bachelors: _____

[] Masters: _____ [] Specialist: _____

[] Doctoral: _____ [] Other: _____

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

This institution is accredited by: _____

Dates of Proposed Study From: _____ To: _____

Projected Date to Receive Degree or Certification: _____ Projected Total Cost of Degree or Certification \$ _____

Employee Signature _____ Date _____ Supervisor Approval _____ Date _____

Dean/Associate VP Approval _____ Date _____ Vice President Approval _____ Date _____

Director of Human Resources _____ Date _____ President Approval _____ Date _____

Form to be submitted by employee requesting initial approval to pursue educational degree or certification. Following all approvals, employee provides copy to supervisor for future reference, completes and submits for approval an Educational Assistance Plan for future course selections.

Copy: Employee
File
Business Office