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## Change in Educational Status

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

Current Educational Status (Degree): \_\_\_\_\_

New Educational Status (Degree): \_\_\_\_\_

Degree Granting Institution: \_\_\_\_\_

Date of Degree Confirmation: \_\_\_\_\_

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I understand this form must be submitted to the office of human resources along with official transcripts or test scores prior to the effective salary adjustment date and that a salary adjustment will be effective on the first day of the month after verification is received.

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date