



		Position/Classification Title	
Department		Supervisor	
		Date of Request	
Degree, Licensure or Certification Program		Expected Graduation/Completion Date	
Accreditation Agency for the Institution issuing the Degree*, Licensure or Certification Program (*Colleges/Universities must be regionally accredited by one of the six regional accreditation agencies identified by the U.S. Department of Education)			
List any previous degrees, licenses or certifications earned. If none type "None"			
How will the degree, license or certification enhance your skills and benefit the College/University in your current role? (attach additional sheets if necessary)			
Supervisor's Justification (attach additional sheets if necessary)			
Section B – Review and Approval			
Employee Certification By signing this form, the employee acknowledges that the information provided is correct to the best of their knowledge.		Signature	Date
Supervisor Recommendation/Approval By signing this form the Supervisor acknowledges that the requirements of the Compensation for Degrees Policy have been met, to include accreditation.		Signature	
APPROVE	DISAPPROVE	N/A	Signature
APPROVE	DISAPPROVE	N/A	Date
Finance and Administration By signing this form Finance and Administration acknowledges that the requirements of the Compensation for Degrees Policy have been met.		Signature	Date
APPROVE	DISAPPROVE	N/A	