



		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)			
<b>Section B – Review and Approval</b>			
<b>Employee Certification</b> By signing this form, the employee acknowledges that the information provided is correct to the best of their knowledge.			Signature _____ Date _____
<b>Supervisor Recommendation/Approval</b> 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 <b>Supervisor's Justification</b>			Signature _____ Date _____
APPROVE                      DISAPPROVE                      N/A			Signature _____ Date _____
<b>Finance and Administration</b> 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			