

APPENDIX K-1

**FACULTY EDUCATIONAL ACHIEVEMENT INCENTIVE
PRE-APPROVAL REQUEST**

(To be completed before beginning coursework/degree program or at the time of hire)

Name _____ Department _____

Rank _____ Date of Hire as Full-Time Faculty _____

Degree to Be Pursued (Level and Major) _____

Regionally Accredited Institution at Which Degree Will Be Pursued _____

Projected Date to Begin Coursework _____ Number of Credit Hours to Complete _____

Projected Date to Earn Degree _____

Justification for Pursuit of the Degree (Attach separate page(s) if necessary.)

Signature of Faculty _____ Date _____

Immediate Supervisor ____ Recommend Approval ____ Do Not Recommend Approval

Signature _____ Date _____

Dean (If Applicable) ____ Recommend Approval ____ Do Not Recommend Approval

Signature _____ Date _____

____ Approved _____ Not Approved

Vice President of Academic Affairs

Date

If Not Approved by Vice President of Academic Affairs:

____ Approved _____ Not Approved

President

Date