**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) _____

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

_____ Recommend Approval _____ Do Not Recommend Approval

_____   _____
Immediate Supervisor Signature   Date

_____ Recommend Approval _____ Do Not Recommend Approval

_____   _____
Dean (if applicable)   Date

_____Approved   _____Not Approved

_____   _____
Vice President of Academic and Student Affairs   Date

If Not Approved by Vice President of Academic Affairs:

_____Approved   _____Not Approved

_____   _____
President   Date

*Attach evidence of accreditation.
** Attach outline of program of study.