

APPENDIX K-2

FACULTY EDUCATIONAL ACHIEVEMENT INCENTIVE APPLICATION

(To be completed following completion of approved coursework/degree program)  
Attach copy of approved Appendix K-1

Name \_\_\_\_\_ Date \_\_\_\_\_

Employee Identification Number \_\_\_\_\_

Department and Campus \_\_\_\_\_

	BA/BS	MA/MS	MA+18/MS+18	MA+30/MS+30	DOCTORATE
LEVEL APPLIED FOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEGIBLE TRANSCRIPT\* COPIES MUST BE ATTACHED WITH RELEVANT COURSES HIGHLIGHTED

**\*An official copy of each transcript must be placed on file in Human Resources and a legible copy of each transcript must be attached.**

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Recommend \_\_\_\_\_ Not Recommend \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Comments:

Recommend \_\_\_\_\_ Not Recommend \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_  
Comments:

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Vice President of Academic and Student Affairs \_\_\_\_\_ Date \_\_\_\_\_  
Comments: