

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 _____

LEVEL APPLIED FOR BA/BS MA/MS MA+/MS+ DOCTORATE

LEGIBLE TRANSCRIPT* COPIES MUST BE ATTACHED

COURSE NUMBER	COURSE TITLE	COLLEGE OR UNIVERSITY	GRADUATE OR UNDERGRADUATE	SEM. HRS

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

SPECIAL CERTIFICATION PROCESS

COURSE NUMBER	COURSE TITLE	SCHOOL	DESCRIPTION	TOTAL HOURS

Faculty Member _____ Date _____

Recommend _____ Not Recommend _____

Immediate Supervisor _____ Date _____

Comments:

Recommend _____ Not Recommend _____

Dean _____ Date _____

Comments:

Approved _____ Not Approved _____

Vice President of Academic Affairs _____ Date _____

Comments: