

APPENDIX K1
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.