

**APPENDIX K2
 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: