

**APPENDIX K2  
FACULTY ADUCATIONAL ACHIEVEMENT INCENTIVE APPLICATION**

**(To be completed following completion of approved coursework/degree program)  
Attach copy of approved Appendix K1**

Name \_\_\_\_\_

Date \_\_\_\_\_

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

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

	BA/BS	MA/MS	MA+18/MS+18	MA+30/MA+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 \_\_\_\_\_

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

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

Comments:

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

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Comments:

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

\_\_\_\_\_  
Vice President of Academic and Student Affairs

\_\_\_\_\_  
Date