

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: