APPENDIX K-1

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) _____________________________________________

Regionally 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 _____________________________

Immediate Supervisor _____ Recommend Approval ______ Do Not Recommend Approval
Signature________________________________________ Date _____________________________

Dean (If Applicable) _____ Recommend Approval ______ Do Not Recommend Approval
Signature________________________________________ Date _____________________________

_____Approved ______ Not Approved

Vice President of Academic Affairs __________________ Date ___________________________
If Not Approved by Vice President of Academic Affairs:

_______Approved          _________Not Approved

_________________________________________  __________________________________
President                                      Date