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**Office of the Chancellor**

**Employee Request to Pursue a Degree Program Form under Policy 2013-404\***

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| Employee Name: |  |
| Position: |  |

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| --- | --- | --- | --- |
| Name of the Degree Program: |  | Institution: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Degree: |  | Associates |  | Bachelor’s |  | Master’s |  | Doctoral |

Relevance to current job functions performed:

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| --- | --- | --- | --- |
| Start Date: |  | Estimated completion date: |  |

***\*\*Please attach the description of the program, complete with list of all course requirements, including number of credits to complete the program.\*\****

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| --- | --- | --- | --- |
| I attest this is my first degree of the type indicated above. | | | |
| Employee: |  | Date: |  |

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| I confirm that this program is appropriate and it relates to the job functions performed. | | | |
| Supervisor: |  | Date: |  |

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| Vice Chancellor Approval: |  | Date: |  |

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| Human Resources Approval: |  | Date: |  |

***\*This form should only be completed once per degree program.***