****

**Office of the Chancellor**

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

|  |  |
| --- | --- |
| Employee Name: |  |
|  Position: |  |

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

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

Relevance to current job functions performed:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.\*\****

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Vice Chancellor Approval: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Human Resources Approval: |  | Date: |  |

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