

**REQUEST FOR PROGRAM APPROVAL**

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| --- | --- | --- | --- | --- | --- |
| **Employee Name:** |  | | | **Date:** |  |
| **Title:** |  | | | | |
| **Date of Employment:** |  | | | | |
| **Degree Required for Current Position:** |  | | | | |
| **Degree's Held:** |  | | | | |
|  |  | | | | |
| **Degree Pursuing:** | **(Attach the Program of Study or Education Plan)** | | | | |
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| **Projected Date of Completion:** |  | | | | |
| **College/University:** | **(Must be an institution recognized by the Department of Education)** | | | | |
|  |  | | | | |
| **Justification:** | **(Explain how this program of study supports the mission on the College)** | | | | |
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| **Your signature indicates that you have reviewed the program and approve it as related to the Mission of the College.** | | | | | |
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| **Dept Chair or Program Coordinator Date** | |  | **Associate Vice President Date** | | |
|  | |  |  | | |
| **Division Chair or Supervisor Date** | |  | **Vice President/ Sr. VP (Division) Date** | | |
|  | |  |  | | |
| **Dean or Director Date** | |  | **Vice President for HR/IE Date** | | |