

**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)** |
|  |       |
| **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)** |
|       |
| **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** |