

Degree Program Approval Form

PART I: TO BE COMPLETED BY EMPLOYEE

Name: _____ Title: _____

Department: _____ Hire Date: _____

School Name: _____ Estimated Cost Per Semester: _____

School Address: _____

Major Area of Study (**Attach Degree Plan**): _____

Check One: Associate Bachelor's Graduate

How degree plan relates to present/planned career field:

Employee Signature _____ Date: _____

PART II: DEPARTMENTAL APPROVAL

Is employee eligible for Educational Assistance: Yes No

Department Head: _____

Division Director: _____

Human Resources Director: _____

To Be Completed By HR		
Vendor Number: _____	Date Started: _____	Date Completed: _____
Semesters Reimbursed:		
_____	_____	_____
_____	_____	_____
_____	_____	_____