

APPLICATION FOR SUPPORT TO PURSUE A TERMINAL DEGREE

Date: _____

Name of Applicant: _____ Check One: ☐ Faculty ☐ Administrative Staff

Faculty Rank: _____ Administrative Position/Title: _____

Title: _____ Highest Degree Held: _____

Check One: ☐ Full Time Educational Leave Assistance ☐ Part time Educational Leave Assistance

Office Number: _____ Fax Number: _____ E-mail Address: _____

Secondary Telephone Number: _____ Home Address: _____

Number of Years Employed at the University: _____

Department Name: _____ College: _____

Check One: ☐ Program is accredited ☐ Program is seeking accreditation

Educational leave: from _____ to _____
Expected Beginning Date *Expected Ending Date*

Name and location of accredited graduate institution to be enrolled in while on educational leave: _____

(Please attach a letter of acceptance, planned degree program or requirements, name, telephone number, and e-mail address of major professor.)

Degree Pursuing: _____ \$ _____
(Specify Ph.D., Ed.D., etc.) **Amount of assistance requested**

Justification for Request: _____

A letter of recommendation from supervisor must accompany this application.

If I accept the educational assistance, I agree to:

- Enroll at the specified accredited institution during the period requested.
- Submit to the department chair and Title III Office an official transcript of courses completed, grades and credits earned at the end of each term.
- Immediately upon graduation or discontinuing the graduate program, return to the University to render a minimum of six semesters(faculty) three years (administrative staff) of full-time professional service. The annual salary will be paid in accordance with the prevailing salary scale.
- Reimburse the University the full amount of support received if I fail to return to the University upon graduation or discontinuing the graduate program.

Employee

Date

Signature of Supervisor or Dean/Chair

Date

Provost and V.P. for Academic Affairs

Date

Title III Director

Date

President

Date

Title III Action

Assistance Awarded

Amount: _____

Date: _____

Assistance Denied

Reason for denial: _____