

APPENDIX P Educational Development Request Form

PART A: Faculty Management Professional Classified

NAME: _____	Position: _____
Last First Middle	
Date of Hire: _____	Office: _____ Campus: _____

PART B: Course(s) requested to be taken

COURSE NO. AND TITLE	TIME OFFERED	SEMESTER	Campus

Explain briefly how the course(s) will benefit you and your job. [Attach a letter if you wish]

EMPLOYEE'S SIGNATURE	DATE
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Part C: Signatures of appropriate supervisors *(If denied, write reasons in the comment section below & return form to employee).*

Approved	Denied	Immediate Supervisor's Name:	Signature:	Date
Approved	Denied	Vice President's Name:	Signature:	Date

Comments: