

APPENDIX I Educational Development Request Form

PART A: Faculty Management Professional Classified

NAME:	_____ <small>Last First Middle</small>	Position:	_____
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
----------------------	------

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: