

## 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: