



## EMPLOYEE REQUEST FOR ENROLLMENT APPROVAL

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

I hereby request approval for enrollment in the following Educational Program:

Program Name: \_\_\_\_\_

Degree/Certification: \_\_\_\_\_

School/College: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Total Number of Anticipated Credits: \_\_\_\_\_

***Please note: Policy 310.10 provides for reimbursement of \$500 for books and tuition per Fiscal Year.***

Reasons for course, examination, and certification program selection (describe the relationship to your current employment position responsibilities, if pertinent):

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\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
Date

TO BE COMPLETED BY THE SUPERVISOR:

☐ **APPROVED**      ☐ **DENIED**

Comments/ reason(s) for denial:

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\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
Date

***Please submit the completed form to the Human Resource Department for final approval.***

TO BE COMPLETED BY HUMAN RESOURCES:

☐ **APPROVED**      ☐ **DENIED**

Comments/ reason(s) for denial:

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\_\_\_\_\_  
(HR Signature)

\_\_\_\_\_  
Date