

**Request for Faculty Salary Increment  
(Per Board Policy B6.12.2.2)**

Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_ Date: \_\_\_\_\_

Current Rank: \_\_\_\_\_ Teaching Discipline: \_\_\_\_\_

Completion of Courses Beyond the Bachelor's Degree:

**I am requesting a salary increment for completion of courses beyond the bachelor's degree:**

- Master's Level       Doctorate Level

Course Prefix Number and Title	Credit Hours Earned	Institution Awarding Course Credit Hours

**I am requesting a salary increment for the completion of an advanced degree:**

- Bachelor's Level       Master's Level       Doctorate Level

Degree Title and Discipline: \_\_\_\_\_

Degree Conferred Date: \_\_\_\_\_

Note: Attach an unofficial transcript for processing. Official transcripts must be submitted before final approval is rendered.

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Dean

\_\_\_\_\_  
Date

\* \* \* \* \*

Salary Increment Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Vice President and Chief Academic Officer

\_\_\_\_\_  
Date