

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

Name: _____ Colleague ID: _____ Date: _____

Current Rank: _____ Teaching Discipline: _____

Completion of Courses Beyond 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 Where Courses were Completed

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 Award Date: _____

Note: Attach unofficial transcript for processing. Official transcripts are required before final approval is rendered.

Approval Signatures:

Faculty Member

Date

Department Chair

Date

Division Dean

Date

Provost/Vice President of Instruction & Student Services

Date

CFO and Vice President of Operations

Date