

**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 unofficial transcript for processing. Official transcripts must be submitted before final approval is rendered.

Faculty Member

Date

Department Chair

Date

Division Dean

Date

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Salary Increment Effective Date: _____

Provost and Vice President for Academic Affairs

Date