

The University of Alabama Compensation for Additional Degrees and Certifications Request Form

Office of Academic Affairs* OR appropriate VF	Date
Dean /Asst VP (if applicable)	Date
Associate Dean (if applicable)	Date
Department Head/Director	Date
Approvals:	
Additional Information/Supervisor's Justification:	
How will the degree benefit the College/University	rsity in your current role?
Degree/Certification Sought:	
List any previous degrees or certification earn	ned:
Expected Graduation/Completion Date:	
Degree/Certification Program:	
Department:	Position:
Employee Name:	CWID: