

TUITION ASSISTANCE PROGRAM  
Approval for Degree Program

Employee \_\_\_\_\_ ID# \_\_\_\_\_ M.S. \_\_\_\_\_

Job Title \_\_\_\_\_ Division/Section \_\_\_\_\_

Brief description of job responsibilities:

Type of Degree Sought: \_\_\_\_\_ Major \_\_\_\_\_  
(BS, MS, PhD, etc.)

College/University: \_\_\_\_\_

Describe the benefits of this type of program to you and the Laboratory:

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor/Group Leader (print name and sign) Date

\_\_\_\_\_  
Barbara P. Brooks (Professional Development Office) Date