

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 _____
(B.S., M.S., 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