

APPLICATION FOR CHANCELLOR'S AWARD – GRADUATE TUITION SCHOLARSHIP PROGRAM

UNIVERSITY OF ARKANSAS – PULASKI TECHNICAL COLLEGE

Name: _____
Last First Middle

UA-PTC Job Title: _____

UA-PTC Employee ID#: _____

Organizational Unit: _____

Work Phone: _____

Campus Mailing Address: _____

Home Mailing Address _____

Preferred Telephone Number: _____

Preferred Email: _____

Educational Institution: _____

Highest Degree Earned: _____ Degree Pursuing: (Masters or Doctorate): _____

Area of Discipline (e.g., Math; Higher Ed; etc...): _____

Hours Completed to Date: _____ Hours Remaining: _____ Expected Degree Date (Mo/Yr): _____

Please explain how this coursework and degree plan applies to your current job and career goal at UA-PTC?

Semester Start: Fall, 2022

Criteria for the Chancellor’s Award:

- *Night, weekend, and online classes are only applicable for the Chancellor’s Award Program.*
- *Applicant must be a UA-PTC employee for three consecutive (and continual) years.*
- *A maximum of six credit hours are applicable per semester for the Chancellor’s Award Program. Fall and Spring semesters only.*
- *Applicant must meet all graduate school entrance requirements of the receiving institution.*
- *The chosen degree path must align with the applicants’ UA-PTC job responsibilities.*
- *Receiving institution grade requirements must be maintained in the degree plan courses. Repeated courses will not be covered by this program.*
- *Associated fees are not covered through the Chancellor’s Award and are the full financial responsibility of the awardee.*
- *Applicant is responsible for 50% of the tuition charge and the receiving institution (UA-LR or UA-F) is responsible for the remaining 50%.*

Requested Courses

Course Title and Number	Credit Hours	Class Days and Time (Include Semester and Year)	Course Fee (if applicable)	Notes
1.				
2.				

Employee Certification: My signature below certifies that the information provided is accurate and truthful. I understand that I must register for courses during the required period of the institution I wish to attend. I also understand that I must adhere to admission and grade requirements of the receiving institution. I will provide a copy of my grade report to the UA-PTC Chancellor upon completion of the course(s). Finally, I certify that I have read and agree to abide by the criteria stated above.

Employee Signature: _____ Date: _____

Supervisor Approval

Supervisor Name: Print: _____ **Signature:** _____

I approve this request and certify that the employee's participation will not adversely affect departmental services nor cause undue hardship for other employees.

I cannot approve the employee's request to attend classes: please note rationale:

UA-PTC Chancellor's Approval

Signature: _____ **Date:** _____