

## DOCTORAL PROGRAM APPROVAL FORM

Candidate \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Division \_\_\_\_\_ Department \_\_\_\_\_

Current Highest Academic Degree earned (and field) \_\_\_\_\_

Proposed Doctoral Program (Major and Minor):  
\_\_\_\_\_

University? \_\_\_\_\_ Accredited by? \_\_\_\_\_

Anticipated start date? \_\_\_\_\_ End date? \_\_\_\_\_

1. How would this study relate to teaching and administrative responsibilities at CUW?

2. How would this study relate to your personal goals?

### Approvals

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Dean of Candidate's School \_\_\_\_\_ Date \_\_\_\_\_

Chief Academic Officer \_\_\_\_\_ Date \_\_\_\_\_

### Notes

1. Approval of this form signifies eligibility for tuition reimbursement and satisfies the "Degree in Field" criteria for Advancement in Rank.
2. See Faculty Handbook for specific details:

Footnotes which follow Section 4.055	Accreditation of Institution/University
Section 4.132	Advanced Study Leaves
Section 4.140	Obligation to Institution
Section 4.510	Loans for Advanced Study
3. Distribution: Original in Academic Office file; copies to Faculty Member and Dean(s)