

## Tarleton State University Professional Certification Request

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Department: \_\_\_\_\_

Type or Name of Certification: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

*Please explain how the certification will benefit Tarleton and the profession. Include details of what is expected in order to obtain the certification (i.e., 40 hours of training, three four-hour courses, travel, time away from work, etc.) Attach additional information as necessary.*

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\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

***Approved by:***

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Other Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

***Return to the Department of Human Resources***