

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.

Employee signature

Date

Approved by:

Department Head

Date

Dean or Other Administrator

Date

Vice President

Date

Return to the Department of Human Resources