



# 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 Employee Services at Box T-0510  
Do not email this document. Please fax to 9590 or return to Employee Services in person.***

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.