

TO: _____
(District Extension Director / Unit or Department Head)

FROM: _____

SUBJECT: APPROVAL FOR GRADUATE STUDY

In accordance with Extension policy *Graduate Study for Extension Faculty* I request approval to enter a course of study leading to a graduate degree. I have read the policy and agree to its conditions. The details of my request are given below.

1. Name of Institution: _____

2. Degree: _____

3. Major Subject Area: _____

4. Course Requirements (include total semester hours, thesis/dissertation requirement, etc.):

5. Projected date to take first courses: _____

6. Projected date to receive degree: _____

7. Write or attach a short statement outlining why you desire to pursue this degree and how it will benefit you and UGA Cooperative Extension.

8. Admission status: (Attach an official statement indicating admission status or an explanation of anticipated admission.)

Note: The District Extension Director or Unit / Department Head may add comments and recommendations and forward the request to the Associate Dean for Extension.

Recommend Approval:

County Extension Coordinator	Date
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District Extension Director / Unit or Department Head	Date
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Associate Dean for Extension	Date
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Approved _____ Disapproved _____

Dean and Director, CAES	Date
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(Return one (1) copy to District Extension Director / Unit or Department Head.)