



OKLAHOMA CITY  
COMMUNITY COLLEGE

**EDUCATION AND DEGREE PROGRAM AUTHORIZATION FORM**

Please reference Policy # 2300 sections 11.0 – 11.8 <http://www.occc.edu/policy/pp.html> for deadlines and additional information.

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Employee ID #**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Position Title**

\_\_\_\_\_  
**Name of College or University**

\_\_\_\_\_  
**Degree Plan Level**

\_\_\_\_\_  
**Name of Degree Plan or Courses**

\_\_\_\_\_  
**Number of Hours Requested**

- Describe how completion of this educational or degree program will benefit you and OCCC.** *(Please use another document and attach separately if additional space is required.)*
- Is this course or a similar course offered at OCCC?**  
 No   
 Yes
- In order to be eligible for reimbursement you must attach a description of the degree program including a listing of course requirements and prerequisites.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Leadership Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

**Human Resources Use Only**

**Authorization Number \_\_\_\_\_**