**ACADEMIC PROGRAM EVALUATION**
(Employee Educational Assistance Program)
DEACONESS HEALTH SYSTEM, INC.
Evansville, Indiana 47747

**SECTION 1: TO BE COMPLETED BY EMPLOYEE PRIOR TO SUBMITTING TO COLLEGE/UNIVERSITY**

Student's Name (Print) _____Deaconess Employee ID # _____
(FIRST) (MIDDLE) (LAST)

Hospital Department _____College/University_____Student ID #_____

As indicated by my signature below, I give permission to the college/university named above to release the information requested on this form to the Human Resources Department at Deaconess Hospital for the purpose of fulfilling the Academic Program Evaluation submission requirements of the tuition reimbursement policy.

_____ _____
(SIGNATURE) (DATE)

**SECTION 2: TO BE COMPLETED BY FACULTY ADVISOR**

1. Degree program toward which student is working: _____
(E.G., B.S. IN MEDICAL TECHNOLOGY, B.S. IN NURSING, ETC.)

2. What is the total number of credit hours earned at this college or university and at other universities as of this date that have been accepted toward the degree program listed in "1" above?_____

3. How many additional credit hours does the student need in order to complete all course requirements for the degree listed in "1" above? _____

4. Please check the remaining requirements in addition to the credit hours in "3" above that the student needs in order to earn the degree:

THESIS _____ FOREIGN LANGUAGE EXAMS _____ STUDENT TEACHING _____

RESIDENCE _____ INTERNSHIP, FIELD WORK PLACEMENT OR CLINICAL AFFILIATIONS_____

OTHER _____
(PLEASE SPECIFY)

5. Please list the titles and course number of **all** courses which are required for attainment of the degree listed in "1" above <u>including those in the current semester</u>. Asterisk those courses which have been completed in "2" above (current semester courses should be marked as “in progress” not “completed”).

| Course Title and Number | Number of Credit Hours |
|---|---|
| | |
| | |
| | |

(Continued on reverse side)

_____
(FACULTY ADVISOR)

_____
(COLLEGE OR UNIVERSITY)

_____
(DATE)

| Course and Title Number | Number of Credit Hours |
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ELECTIVE COURSES

| Course and Title Number | Number of Credit Hours |
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**Questions may be directed to Coordinator of the Tuition Reimbursement Program at Deaconess at (812) 450-3314.**

**Return document to:** **Deaconess Hospital**
**Human Resources Department**
**Attn: Tuition Reimbursement Program**
**600 Mary Street**
**Evansville IN 47747**

**Fax (812) 450-2354**