



# North Carolina Department of Public Safety

## Office of Staff Development & Training

Pat McCrory, Governor  
Frank L. Perry, Secretary

W. David Guice, Commissioner  
Charles D. Walston, Director

To: Charles D. Walston, Director  
Office of Staff Development & Training

From:

Date:

Re: Educational Assistance Degree Qualification Request

The following information is being provided to document the request for degree qualification for the Educational Assistance program.

Name: Personnel/BEACON #:

Work Location: Job Classification:

School to be Attended: Degree Program:

1. The above degree is directly related to maintaining or improving my knowledge and/or skills in my current job in that it will:

2. I plan to take the following electives as a part of this degree program:

3. Attached is a photocopy of the college/university's course requirements and course descriptions for this degree.

4. I understand that my request for degree qualification cannot be processed without all of the above information being provided.

Supervisor Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_ \_\_\_\_\_  
Signature

OSDT Director Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_ \_\_\_\_\_  
Signature

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