Faculty Educational Enhancement Initiative (FEAI) ~ Application~

Please fill in the following information by placing a check in the appropriate boxes and filling in the blanks. All applications should be submitted electronically to diversityandinclusion@missouristate.edu. The applicant's name should be in the subject line.

Personal Information First Name: _____ MI: ____ Last Name: _____ Address: City, State, and Zip Code: Phone Number: (Cell) , (Other) Preferred use: Social Security Number (Last four): XXX-XX-_____ Date of Birth: ____-Gender: M _____ F ____ Transgender _____ US Citizenship: Yes _____ No ____ If no, explain: _____ Education Baccalaureate: Please specify Year earned: _____ Institution: Master: Please specify ______ Year earned: Institution: Doctorate: Please specify Year earned: Institution: Score*: I have taken the GRE, MAT, GMAT, or equivalent. * Score does not indicate automatic approval or refusal of candidates from the program. **Program Preference** Forgivable Loan Program (FLP) Loan Reimbursement Program (LRP) Anticipated term of the program, (i.e. 3 years): **Application Documents Attached** Letter(s) of recommendation

Official Transcripts

Essay (2-page minimum)
Recommendation by Academic or Administrative Official
By authority invested in me as an academic or administrative official at Missouri State University, I recommend the undersigned applicant for participation in the Faculty Educational Enhancement Initiative.
Description as to how the proposed advanced degree is anticipated to meet the needs or advance the work of the sponsoring department:
Signature: Date:
Position Title:
Statement for Consideration:
In exchange for my written commitment to work at Missouri State University (MSU), I will participate in the FEAI by accepting an advancement loan or supplemental pay reimbursement up to \$15,000 per year for a maximum of 5 years in order to cover the cost of my expenses to obtain a terminal degree. After successful completion of my terminal degree, I will return to work at MSU and obtain forgiveness of financial responsibility pursuant to the FLP or reimbursement pursuant to the LRP as contracted with the University.
Applicant Signature: Date: