



Education Update Form

Please send the completed form to HRDept@csusb.edu. If your degree is from a College/University other than CSUSB, please attach proof/evidence of completion such as unofficial transcripts and/or copy of diploma.

| First Name: | Last Name: | Cov | yote ID #: |
|--|---|-----------------------------|---------------------------|
| Work Phone Number: | | Work E-mail Address: | |
| Degree Completed: | | Major: | |
| Completion Date: | | Name of College/University: | |
| Please check box if the | CSU Fee Waiver and Reduc | ction Program assiste | d in funding your degree. |
| If applicable, please check box if you have attached proof / evidence of completion (unofficial transcript/copy of diploma). | | | |
| - | allow CSUSB to release thi Optional: Hometown | | hared in CSUSB related |
| I hereby wish to update my HR records to reflect an education achievement as noted above and I certify that this | | | |
| information is accurate. | | | |
| Employee's Signature: Date: | | | |
| HUMAN RESOURCES ONLY | | | |
| Entered By: | Date entered in HRIS: | | |
| Proof/evidence of completion pr | ovided: Yes No | N/A | |