

APPLICATION FOR EMPLOYEE EDUCATION ASSISTANCE

Instructions: Applications must be made in advance of enrollment in the course(s). Forward completed application along with approval signatures to the Human Resources Office, MS # 15. If a leave of absence is required, obtain proper approval through the Human Resources first and submit copy of approval with application.

If requesting prepayment check here: \Box		Check regular status:		FT 🗌 3/4 🗌	1/2 🗌
Applicant information:	:				
Last Name	First			ID Number	
Department/Group	Office Location:			Extension:	
Present Position				Supervisor	
Education Assistance	for:				
School	Term or 3	Semester		from to	
Degree Objective (Assoc., B.S., M.S., e	tc.) Field		Non-degree	Correspondence	
Course Title		Course No.	Credit Hours	Class Schedule	Final Grade ³
				4	<u> </u>
Cost: Estimated		Actual		*Backup documentatio	n required
	Tuition				
	Fees				
	Books				
	 				
	Total				
Applicant's Statement Supervisor's Endorsei					
Applicant's Signature			Date		
Supervisor's Signature			Date		
For Human Resources	Office use:				
Payment Approval:		_ F	repayment Amoun	t:	
	Initials / Date				Date
Payment Approval:	Reim		imubursement Amount:		Date