



Request for Educational Assistance

This form must be approved by the Office of Human Resources and submitted to the respective Bursar's Office by the employee no later than the 14th day of the current semester.

Name: _____ Employee ID #: _____

Department: _____ Index/Account Number: _____

Job Title: _____ Date of Hire: _____

Office phone: _____ Cell/home phone: _____

Alternate work scheduled requested: ☐ Yes ☐ No If yes, attach the requested schedule.

Audit/Non-Credit Program

Institution: _____

Select the Semester and indicate the Year current semester of course(s) taken.

Fall	Year _____	Spring	Year _____
Maymester	Year _____	Summer I	Year _____
Summer II	Year _____	Full Summer	Year _____

Course Number	Title	Hours/CEUs	Class Day and Time (if online please indicate)

Classes will be taken for: () audit () non-credit Quarter, if so Date: _____ of course.

Fee Waiver – One for-credit course per term

Institution: _____

Select the Semester and indicate the Year current semester of course(s) taken.

Fall	Year _____	Spring	Year _____
Maymester	Year _____	Summer I	Year _____
Summer II	Year _____	Full Summer	Year _____

Course Number	Title	Hours/CEUs	Class Day and Time (if online please indicate)

() Undergraduate () Graduate Quarter, if so Date: _____ of course.

I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130) related to my above-stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

Applicant's Signature

Date

I approve the above request and have addressed scheduling issues related to the employee's attendance in the classes detailed in the above request.

Supervisor's signature

Date

I attest that the employee meets the program requirements for the above stated request.

Office of Human Resources

Date