



## 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 14<sup>th</sup> 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