



Request for Educational Assistance

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Office phone: \_\_\_\_\_

Index/Account Number: \_\_\_\_\_

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

**Audit/Non-Credit Program**

Institution: \_\_\_\_\_ Term: \_\_\_\_\_

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T TH 9-10)

Classes will be taken for:  audit  non-credit

**Fee Waiver – One for-credit course per term**

Institution: \_\_\_\_\_ Term: \_\_\_\_\_

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T TH 9-10)

Undergraduate  Graduate

*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