

Motlow State Community College Request for Educational Assistance

Name: _____ Employee ID #: _____

Department: _____ Job Title: _____

Index/Account Number: _____

Office phone: _____ Cell/home phone: _____

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