



EAST TENNESSEE STATE UNIVERSITY

Request for Education Assistance

Name: E Number: Department: Job Title: Office Phone: Cell Phone: Date of Employment: FTE: Index: Alternate work schedule requested: [] Yes [] No If yes, attach schedule.

Costs of the following courses/programs do not affect departmental budgets. See Program Policies.

Fee Waiver – One “for-credit” course per term up to 4 credits

Institution: Term: Undergraduate: Graduate:

Table with 4 columns: Course #, Title, Hours/CEUs, Class period (days/time) (Ex: T TH 9-10)

Non-Credit Program

Institution: Term:

Table with 4 columns: Course #, Title, Hours/CEUs, Class period (Ex: T TH 9-10)

Audit Program

Professional Development: Continuing Medical Education: Other:

Table with 2 columns: Title / Program Name, Date and Time (Ex: T TH 9-10)

Applicant’s Signature

Date

By signing above, I attest that have read and fully understand the requirements (as detailed in the appropriate sections of the programs policy) related to my above stated request for educational assistance.

Supervisor Signature

Date

By signing above, I approve the request and have addressed scheduling issues related to the employee’s attendance in the classes detailed above.

Human Resource Officer

Date

By signing above, I attest that the employee meets the program requirements for the request submitted.

Cost of Course or Program: \$

Business Office

Date

