

JACKSON 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.

signature Date Applicant's

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

