

## DARTMOUTH COLLEGE - Tuition Assistance Request

**Instructions:** **PRIOR** to starting the course, complete this application and send or give a copy to your Supervisor/ Department Head to be signed. The application should then be returned to the Office of Human Resources **BY YOUR SUPERVISOR** either by Blitz or by mail to Hinman 6042. Once your application has been entered into our system, a confirmation email will be sent to you. Please make a copy for your records. After completing the course, send copy of proof of payment and course grade verification for reimbursement.

Last Name	First Name	Initial	Hinman Box	Phone
Hours worked per week or FTE %: _____		Date of Hire: _____		
Employee Type (check one):		Dartmouth ID#: _____		
<input type="checkbox"/> Exempt		<input type="checkbox"/> Non-Exempt/Service		
Current Position / Department				

**College/University you will be attending**

**Course information: please check ALL that apply:**

<input type="checkbox"/> Undergraduate Course – BA/BS (including AA/AS)	<input type="checkbox"/> Master's Level Graduate Course (excluding Ph.D.s, seminars, certifications)	<input type="checkbox"/> Is the course Job Related?	<input type="checkbox"/> Is the course part of a Degree Program?
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If part of a degree program, anticipated date of graduation: \_\_\_\_\_

Course Start Date: _____	Course Ending Date: _____
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Course Title / Course #	Tuition	Registration Fee
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

Applicant's Signature	Date
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**DEPARTMENT PRE-APPROVAL**

Dartmouth encourages its employees to develop their knowledge and skill by continuing their education. The College will support those educational activities which are generally job related, through the Tuition Assistance Plan. Course enrollment is not expected to conflict with job responsibilities. Courses should be part of a planned degree program or related to employee's current or potential job assignments.

Supervisor's Signature	Date
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<b>-HR OFFICE USE ONLY-</b>											
<p><b>HUMAN RESOURCES PRE-APPROVAL</b> The proposed course(s), if satisfactorily completed, are approved for reimbursement in accordance with the plan rules.</p> <p>Required Information Needed:</p> <p style="margin-left: 40px;">Payment _____ Grade _____</p> <p style="margin-left: 40px;">Date Contacted _____</p>	<table style="width: 100%;"> <tr> <td style="width: 80%;">Allocation this FY</td> <td style="width: 20%;">_____</td> </tr> <tr> <td>Paid YTD</td> <td>_____</td> </tr> <tr> <td>Amount this Request</td> <td>_____</td> </tr> <tr> <td>Amount to be Paid</td> <td>_____</td> </tr> <tr> <td>Balance Remaining</td> <td>_____</td> </tr> </table>	Allocation this FY	_____	Paid YTD	_____	Amount this Request	_____	Amount to be Paid	_____	Balance Remaining	_____
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Amount to be Paid	_____										
Balance Remaining	_____										
Tuition Assistance Program Manager	Date										