

DARTMOUTH COLLEGE – GED/HiSet Educational Assistance Request

Instructions: PRIOR to starting the prep course or taking the exam, complete this application and give a copy to your Supervisor/Department Head to be signed if asking for an adjustment to your work schedule. Return the completed application to the Office of Human Resources either by email (Human.Resources@dartmouth.edu) or by mail to Hinman Box 6042. Once your application has been approved, an approval email will be sent to you for your records. After completing the prep course(s) or exam, send a copy of your proof of payment, and test grade verification for reimbursement.

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

Testing Center you will be attending

Prep Course/Exam Date(s): _____

Description	Fee
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
TOTAL	\$ _____

Applicant's Signature	Date
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Work Schedule

- My enrollment/ participation in this course will not interfere with my regularly scheduled work hours or job responsibilities (supervisor approval NOT required).

- My enrollment/participation in this course will require a temporary adjustment in my regular work schedule as follows (supervisor approval required):
 - Details of work schedule adjustment requested: _____
 - Supervisor's approval: _____