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): □ Salaried □ 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

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):
  o Details of work schedule adjustment requested: ______________________________
  o Supervisor’s approval: ______________________________