

## DARTMOUTH COLLEGE – Educational Assistance Request

**Instructions:** PRIOR to starting the course, complete this application, have your Supervisor/Department Head sign 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](mailto:Human.Resources@dartmouth.edu)) or by mail to Hinman Box 6042. Once your application has approved, an approval email will be sent to you for your records. After completing the course, send proof of payment, and course grade verification for reimbursement.

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

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**College/University you will be attending:**

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

<input type="checkbox"/> Undergraduate Course – BA/BS (including AA/AS)	<input type="checkbox"/> Graduate Course – Masters or PhD (excluding certifications or seminars)	<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:**

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

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**Applicant's Signature**

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**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: \_\_\_\_\_