DARTMOUTH COLLEGE - Tuition Assistance Request

Instructions: <u>PRIOR</u> 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 (<u>Human.Resources@dartmouth.edu</u>) 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.

Last Name	First Name		Initial	Hinman Box	Phone	
Hours worked per week or FTE %:		Date of	Date of Hire:		<u> </u>	
Employee Type (check one):	Salaried	Hourly	Dar	tmouth ID#:		
	_	Current F	nt Position / Department			
College/University you will be a	ttending:					
Course information: please check <u>ALL</u> that apply:						
Undergraduate Course – BA/BS (including AA/AS)		Level Graduate Course ng Ph.D.s, seminars, certificat		s the course lob Related?	Is the course part of a Degree Program?	
If part of a degree program, ant	icipated date of	graduation:				
Course			Cours	se		
Start Date:			Endin	g Date:		
Course Title / Course #			Tuiti	on	Registration Fee	
1.			\$		\$	
2.			\$		\$	
3.			\$		\$	
				TOTAL	\$	
Applicantle Sign					ata .	
Applicant's Signature					ate 	
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:						