

## EDUCATIONAL ASSISTANCE PROGRAM REQUEST FORM

This form must be completed and forwarded to the Registrar prior to registration. Registration under the Educational Assistance Program may not consist of more than (1) unit per term.

### SECTION I (To be completed by the student/employee.)

I wish to participate in the Beloit College Educational Assistance Program for the:

Fall 20\_\_\_\_term

Spring 20\_\_\_\_term

Course Title: \_\_\_\_\_

Class Schedule: \_\_\_\_\_

Student Name \_\_\_\_\_ Student Social Security # \_\_\_\_\_  
(Please print)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Student's relationship to employee \_\_\_\_\_  
(Please print)

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### SECTION II (To be completed by the supervisor *only if* the college employee will be the student.)

The supervisor must approve each employee's participation in the Educational Assistance Program. The employee's absence to attend classes should not create a hardship on the department, and another employee may not be hired to replace the student-employees during class time. However, the employee may be required to work compensating hours for those spent in class during normal working hours. Hourly employees will not be paid for time spent in class. Hours actually worked must be reflected on time sheets.

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Department Head (Name & Signature)

Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
Department Head (Name & Signature)

Explanation for disapproval \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### SECTION III (To be completed by the Director of Human Resources.)

The full time employment eligibility requirements \_\_\_\_ are \_\_\_\_ are not met according to Beloit College Educational Assistance Program policy.

Verified \_\_\_\_\_ Date \_\_\_\_\_  
Director of Human Resources (Name & Signature)