**TUITION ASSISTANCE APPLICATION**

**FOR COURSES TAKEN AT HOLY CROSS**

Rev. 11/14/17

|  |
| --- |
|       |
|  Request Date  |

*This application must be completed and submitted to Human Resources for approval and processing through the Registrar’s office.*

 **Application Information** *(please print)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |  |       |  |  |
| Last name |  | First Name |  | Emp ID: |  |  | Date of Hire |  |  |
|       |  |       |
| Street Address |  | Department |
|       |  |    |  |       |  |  |
| City |  | State |  | Zip |  |  |

**Description of Proposed Study**

|  |  |  |
| --- | --- | --- |
| [ ]  Degree Program | < OR > | [ ]  Non-Degree Program |
|  |  |  |
| [ ]  Bachelors | [ ]  Masters |  | [ ]  Undergraduate | [ ]  Graduate |
| [ ]  Doctorate | [ ]  Other |  | [ ]  Other |  |
|  |  |  |
| Anticipated Degree Date: |       |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Course: |       |  | Instructor: |       |
|  |
| Course Start Date: |       |  | End Date: |       |  | Course Time: |       | to |       |

**Application Acknowledgement and Signature**

In filing this application for approval of tuition assistance, I understand that I may enroll for one course per semester if there is space in the course after all the regular degree candidates have been registered, and if permission has been granted by the instructor. All applicants must register in person at the Registrar’s office, Smith 235.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Date |  | Signature of Applicant |

**Supervisors Approval and Planning Details**

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Date |  | Signature of Supervisor/Manager |

**Administration Approvals**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |       |
| Director, Human Resources |  | Date |  | Registrar |  | Date |