

# DEGREE PROGRAM APPLICATION FORM

**SECTION I** (To be completed by employee - See instructions.) Please print clearly.

Date \_\_\_\_\_ Employee ID \_\_\_\_\_

a. Name \_\_\_\_\_ Title/Job Position \_\_\_\_\_

Div/Program \_\_\_\_\_ Location \_\_\_\_\_ Phone ext. \_\_\_\_\_

b. Degree program applying for? \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Ph.D. \_\_\_\_\_

Educational Institution \_\_\_\_\_

Location \_\_\_\_\_ Department \_\_\_\_\_

c. The following documents must be attached to the Degree Program Application:

Memo outlining employee's intent to obtain the degree \_\_\_\_\_  
 Degree program description \_\_\_\_\_  
 Employee Tax Certification \_\_\_\_\_

Education Assistance Program benefits will be taxed according to the following schedule:

Taxable: All non-job related education GREATER THAN a combined total of \$5,250 per calendar year

Non-Taxable: All job-related (as determined by Human Resources) per Employee Tax Certification.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**SECTION II REVIEW AND APPROVALS**

|                            |      |                        |      |                   |      |
|----------------------------|------|------------------------|------|-------------------|------|
| Lab/Div/Program Supervisor | Date | Lab/Div/Program Admin. | Date | LabDiv/Prog. Dir. | Date |
|----------------------------|------|------------------------|------|-------------------|------|

**To be completed by Division/Program Administrator.**

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| Is this the first request of any kind to go through the Education Assistance Program? | Y | N | Grade(s) for last approved course(s) |
| Grade sheet/transcripts attached?   | Y | N | Date this request received _____     |
|   |   |   | Appointment Code/FTE _____           |

|  |                                     |            |
|--|-------------------------------------|------------|
| <b>SECTION III HR AND FINANCE REVIEW</b> | HR Review _____                     | Date _____ |
|  | Taxable?                            | Y N        |
|  | Employee Tax Certification Attached | Y N        |
|  | Finance Review _____                | Date _____ |