



Hampden-Sydney College
Request for Employee Tuition Aid
(Off Campus)

Name: _____ Social Security Number: _____

Title: _____ Employment Date: _____

Department: _____ Application Date: _____

I am requesting approval by Hampden-Sydney College to attend the following class(es):

Institution: _____ Semester: _____ Year: _____

Course Name:

1.) _____

2.) _____

I understand that I must turn in a copy of my grade to the Human Resources Department upon completion of the course. I further understand that I must receive a grade of C or better or it will be necessary to repay the College for funds received for this course.

The subject matter is related to my present position as follows:

Employee's Signature: _____ Date: _____

Recommendations of Immediate Supervisor (Please explain your reason for approval or disapproval of this class for the above employee.)

Supervisor's Signature: _____ Date: _____

Cabinet Officer Approval

Cabinet Officer's Signature: _____ Date: _____

Human Resources Department

Received Bill: _____ Date: _____

Paid Bill: _____ Date: _____