THE CITADEL TUITION WAIVER / ASSISTANCE PROGRAM APPLICATION FORM

INSTRUCTIONS: An application for each course taken under this program must be completed and submitted for approval. If a course is scheduled during normal working hours, the appropriate section below must be completed by the department head and forwarded to the Director of Human Resources for eligibility verification.

Employee's Name (as in Banner):		Last four of SSN or Citadel Campus-wide ID Number __ __ __ __ __ __ __ __ __
Campus Email:		Telephone Number:
Full Time Employment Date:	Department/Position:	Position Type: ☐ Citadel Staff/Faculty ☐ Other: (Specify) _____

ENROLLMENT INFORMATION

Department:	Course Number:	Credit Hours:	Semester:	Time:

☐ **This course is scheduled during my normal working hours.**

A) I request my supervisor approve the attached plan through which I will meet my work responsibilities:

☐ Approved ☐ Disapproved _____ Supervisor _____ Date

B) Approve the attached request(s) for annual leave to enable me to attend this course:

☐ Approved ☐ Disapproved _____ Supervisor _____ Date

C) Approve the attached request(s) for leave of absence without pay to enable me to attend this course:

☐ Approved ☐ Disapproved _____ Supervisor _____ Date

☐ **This course is not scheduled during my normal working hours.** _____ Employee _____ Date

Are you receiving tuition money from any other source?

☐ Yes ☐ No If Yes, explain: _____

HUMAN RESOURCES ACTION

This employee is eligible to participate in The Citadel Tuition Assistance Program. ☐ Yes ☐ No

Participation is denied for the following reasons:

_____

_____

_____

☐ Approved ☐ Disapproved _____ Human Resources _____ Date