BAYLOR UNIVERSITY

APPLICATION FOR EDUCATIONAL ASSISTANCE

Please complete and return to:
BAYLOR UNIVERSITY -- PAYROLL OFFICE
ONE BEAR PLACE #97042 – CAMPUS
BU-PP 450A

Section I: Employee Information *(Please complete a copy for each requested course)*

Date of Hire_____ Date of Application_____

Employee's Name_____

BU ID#_____ Birth Date_____

Permanent Mailing Address_____ Phone__ _____

Current Job Title_____

Current Work Schedule _____)_____

Department _____ Department Phone_____

Supervisor_____

Educational Assistance Requested For: Fall Spring Summer Year _____

Institution Offering Course __Baylor University_____

Tuition Cost _____*Provide Supporting Documentation for Courses Taken Outside of University)*

Title of Course _____

Credit Hours Requested _____

Class Schedule _____

Is the course part of an accredited degree program which you are seeking? If yes, please indicate what program.

_____

_____

If part of program, indicate what course(s) and/or credits already completed. _____

_____

_____

Section II: Business Justification

Please answer the following questions:

1) Is the education required by Baylor University or by law to keep employee's present salary, status or job?
   a. _____ Yes – *Continue to question 2.*
   b. _____ No – *Continue to question 3.*

2) Does the required education serve a bona fide business requirement of Baylor?
   a. _____ Yes – *Continue to answer question 4.*
   *Please provide the bona fide business requirement:*_____
   _____
   _____ b.
   _____ No – *Continue to question 3.*

3) Will this education maintain or improve the employee's skills needed for his/her work?
   a. _____ Yes – *Continue to question 4*
   b. _____ No

4) Is the education needed to meet the minimum educational requirements of the employee's current job?

a. _____ Yes
b. _____ No – *Continue to question 5.*

5) Will the education qualify the employee for a new trade or business?
   a. _____ Yes
   b. _____ No
   Please provide information as to the degree and/or certification obtained from the coursework:

I have read and agree to the terms of the Baylor Educational Assistance Plan as laid out in the Plan document dated January 1, 2002.

_____ _____
Employee Signature Date

_____ _____
Department Head Signature Date

Section III: For Office Use Only

Subsection 1 ï For Amounts Requested as Qualifying Work-Related Education (Exceeding the Educational Assistance Plan $5,250 limit only)

Amount determined to be work-related (taxable/nontaxable)? _____

Subsection 2 ï For All Uses

Account Number: _____ Approval:

Date of Eligibility:_____ SU _____ F_____W_____ SID _____

_____ _____
Payroll Office Date Office of Academic Scholarship And Financial Aid Date