

BAYLOR UNIVERSITY
APPLICATION FOR EDUCATIONAL ASSISTANCE

Please complete and return to:
BAYLOR UNIVERSITY – HUMAN RESOURCES OFFICE
ONE BEAR PLACE #97053 – CAMPUS
BU-PP 451A

Section I: Employee Information *(Please complete a form for the requested semester or academic year in which courses are planned to be taken):*

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(s) _____

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

Title of Course(s) _____

Credit Hours Requested _____

Class Schedule _____

Is the course(s) 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

b. _____ No

2) Does the required education serve a bona fide business requirement of Baylor?

a. _____ Yes

Please provide the bona fide business requirement: _____

b. _____ No

3) Will this education maintain or improve the employee's skills needed for his/her work?

a. _____ Yes

Please explain: _____

b. _____ No

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

a. _____ Yes

b. _____ No

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 (need date), and as amended from time to time.

Employee Signature

Date

Department Head Signature

Date

Section III: For Office Use Only

Subsection 1 – For All Uses

Account Number: _____

Approval:

Date of Eligibility: _____

SU _____ F _____ W _____ SID _____

Subsection 2 – For Amounts Requested as Qualifying Work-Related Education (Exceeding the Educational Assistance Plan \$5,250 limit only)

Excess amount determined to be work-related: _____

Human Resources

Date

Payroll Office

Date