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**Request for Educational Assistance**

Requests must be submitted to the Vice President and Chief Learning Officer before enrolling in any program or course for which a faculty member wishes to receive financial assistance under the plan.

Faculty Member Name:

Department:

Application Date:

Plan year applying for: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

Educational Program and Location:

*I understand that as a condition to receive benefits under the Plan, I must promise to remain a full-time faculty member in my Department at the College for at least three academic years after the final year in which I receive benefits under the plan. If I breach my promise regarding future service I will be required to refund to the College in full all amounts paid to me (or on my behalf) under the Plan. In addition, if I receive Plan benefits but fail to complete my doctoral degree within three calendar years after last receiving benefits under the Plan, I will be obligated to refund to the College one half (1/2) of all amounts paid to me (or on my behalf) under the Plan.*

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Faculty Member Date

Approval:

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Vice President and Chief Learning Officer Date

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Director of Human Resources Date