



St. Mary's College of Maryland
at Historic St. Mary's City

DEPENDENT EDUCATION BENEFITS AUTHORIZATION

Dependent

Employee

Name _____

Name _____

Student ID Number or SSN _____

Department _____

Relationship to Employee _____

Title _____

I hereby request authorization to enroll full-time / part-time during the _____ semester, 20____, in _____ course (s) for _____ credits. I attest that I am the legal spouse or unmarried child of the above named St. Mary's College employee. I understand that all fees and other charges are to be paid in full and presented with this approved authorization form at the time of registration.

Dependent's Signature

Date

Employee's Signature

Date

HUMAN RESOURCES USE ONLY	
_____ Approved _____ Not Approved	Human Resources Authorization _____ Date _____

OFFICE OF FINANCIAL AID USE ONLY		
Amount _____	Initial _____	Date _____

BUSINESS OFFICE USE ONLY		
Account Number _____	Initial _____	Date _____

cc: Financial Aid
Human Resources