



# St. Mary's College of Maryland

at Historic St. Mary's City

## EMPLOYEE EDUCATION BENEFITS AUTHORIZATION

Name \_\_\_\_\_

Student ID Number or SSN \_\_\_\_\_ Department \_\_\_\_\_

I hereby request authorization to enroll part-time during the \_\_\_\_\_ semester, 20\_\_\_\_, in \_\_\_\_\_ course (s) for \_\_\_\_\_ credits. Enrollment will not interfere with my regular working hours and responsibilities. I understand that if this request is approved, a maximum of eight credits per semester may be taken (tuition free) during off-duty hours. All fees and other charges are to be paid in full and presented with this approved authorization form at the time of registration.

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_  
Date

<b>HUMAN RESOURCES USE ONLY</b>	
_____ Approved _____ Not Approved	Human Resources Authorization _____ Date _____

<b>OFFICE OF FINANCIAL AID USE ONLY</b>		
Amount _____	Initial _____	Date _____

<b>BUSINESS OFFICE USE ONLY</b>		
Account Number _____	Initial _____	Date _____

cc: Financial Aid  
Human Resources