

DEPENDENT EDUCATION BENEFITS AUTHORIZATION

Dependent

Employee

Full Name _____

Full 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.

Once you've completed the form, **please print, sign, then submit to Human Resources via interdepartmental mail.**

Dependent's Signature

Date

Employee's Signature

Date

HUMAN RESOURCES USE ONLY		
Approved	Human Resources Authorization	
Not Approved		Date

OFFICE OF FINANCIAL AID USE ONLY		
Amount	Initial	Date

BUSINESS OFFICE USE ONLY		
Account Number	Initial	Date

cc: Financial Aid
Human Resources