



HOBART AND WILLIAM SMITH COLLEGES



OFFICE OF HUMAN RESOURCES
Coxe Hall

TUITION GRANT REQUEST FORM

Date of Request _____

Employee Name _____

Date of Hire _____ Department _____

FOR DEPENDENT COMPLETE THE FOLLOWING:

Dependent's Full Name _____

Address _____

Date of Birth _____ Social Security Number _____

Name of School Attending _____

Name of Degree Program _____

Enrollment Status: Full-Time Part-Time **Expected Graduation Date:** _____
(Month/Yr.)

Year: Freshman Sophomore Junior Senior

Semester: Fall Spring **Academic Year:** _____ to _____
(Month/Yr.) (Month/Yr.)

If part-time, name of course(s): _____

Amount of Tuition Due (tuition only, no fees) \$ _____ Semester Year

A copy of the invoice must be provided to process payment.

To be completed by Human Resources

Employee Classification: Faculty Administrative Union/Non-Union
Hourly

Eligible? Yes No **Annual Benefit Available:** \$ _____

1st Payment Authorized: \$ _____

Approval Signature/Date _____

2nd Payment Authorized: \$ _____

Approval Signature/Date _____