



Hamilton

Hamilton College Tuition Assistance Plan Supervisor Approval of Program/Course (Off-campus study for job-related degrees/courses)

Name: _____

Department: _____

Program: Associates Bachelors Masters Ph.D. No degree - Individual Courses

School: _____

Area of Concentration/Major: _____

How does participation in the degree/courses benefit your current position at Hamilton? _____

By signing below, I understand:

- I am eligible for reimbursement under the terms of the Plan for up to six classes in a calendar year.
- I must attain a minimum grade of "C" to receive reimbursement.
- Assistance I receive for graduate courses that exceeds \$5,250 in a calendar year will be considered taxable earnings. There is no taxable earnings limit for undergraduate courses.
- The rules for taking classes at Hamilton College remain the same: one class per semester at no cost on a space-available basis; supervisor and instructor approval is required prior to registration.

Employee Signature _____ *Date* _____

I have discussed educational goals with the above named employee and agree that the course/degree in which he/she is (will be) enrolled is job-related and will benefit both the employee and the College.

Supervisor Signature _____ *Date* _____

Please complete and return to Human Resources prior to registering for your first class. Thank you.

Received/Reviewed by _____ Date _____

Associate/Director, Human Resources