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**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*