

Virginia Western Community College
Educational Assistance and Continuous Learning Request Form

Employee Name:	Section/Division:
Position Title:	Teaching Field (For Faculty):
EMPL ID:	Position Number:
College/University to be Attended:	

Course and/or Leave Approval

- After Hours Study.
- During Hours Study: Note: for classified employees an adjusted work schedule must be attached.
- Leave of Absence With or Without Pay: Promissory Note must be completed

Payment Options (Select One)

- Reimbursement: Contingent on receipt of a grade of "C" or better and supporting documentation.
- Up-Front Payment: Promissory Note must be completed.

Financial Aid (Check Yes or No): Have you applied and/or plan to receive financial aid for this course?

- Yes or No

Course Purpose: (Check One)

- Job-Related: Supervisor's signature verifies that course is related to current job responsibilities.
- Non-job-Related/Professional Development: Supervisor's signature verifies that course is related to professional development of the employee and/or mission of the College.
- Degree Requirement: Verification of acceptance into a degree program must be on file.

Course Details:

Course Number	Course Title	Semester Hours*	Start Date	End Date	Tuition Costs	Mandatory Fees
*Limit of 6 credit hours per semester				Total		

Course Benefits:

Describe specifically how the course(s) contributes to maintaining/improving your current job skills, will enhance your current job performance or will improve opportunities for advancement at Virginia Western, or other benefits to Virginia Western.

