

Toccoa Falls College – GRADUATE PROGRAM

Section 127 Employee Educational Assistance Plan - Request Form

TFC Employee Name: _____ ID Number _____

Reason for pursuing Masters' Degree:

Employee

The terms of the Toccoa Falls College Graduate Employee Educational Assistance Plan are contained in the Section 127 Plan Document. I have read and understand the terms of that document. I also agree that enrollment in a graduate program at Toccoa Falls College will not adversely impact performance of my employee responsibilities.

Employee Signature: _____ Date: _____

I also understand that approval of this request is dependent, in part, on the limitation of the number of employees from any one area of TFC simultaneously enrolled and receiving the ETB in a graduate program at Toccoa Falls College.

Employee Signature: _____ Date: _____

Supervisor

I am recommending consideration of the above named Employee for Toccoa Falls College Graduate Employee Tuition Benefits.

Number of employees in my area currently enrolled in this program: _____

Supervisor Signature: _____ Date: _____

HR

Benefit Eligibility Date _____ (One year of full-time service as of the end of drop/add required)

Director of HR Signature: _____ Date: _____

Approval of Vice-President: _____ Date: _____

Approval of President: _____ Date: _____

Form Submitted to Financial Aid by: _____ **Date:** _____
