

Toccoa Falls College

2024-2025 Employee Tuition Benefits Request Form

Student Name: _____ ID Number: _____

Employee Name: _____ Relationship to employee: Self Spouse Dependent

Signature of Student: _____ Date: _____

If ETB is for employee, will any courses be taken during his/her normal work hours? Yes No Not Applicable

If yes, by signing below employee understands that he/she will make up any work hours missed while attending class.

Signature of Employee _____ Date: _____

Authorizations:

Employee's Supervisor (only required if employee is taking courses during his/her normal work hours):

By signing below, I confirm that I have discussed the employee's enrollment plans for the 2024-2025 school year and approve the employee to enroll in courses that may conflict with his/her work schedule. Employee will make up any work hours missed while attending class.

Signature of Supervisor: _____ Date: _____

Human Resources:

ETB Benefit Granted: Employee Spouse Dependent Not Eligible

Signature of HR Representative: _____ Date: _____

Student Accounts:

Fall: Tuition & Mandatory Fees \$ _____

Winterim: Tuition & Mandatory Fees \$ _____

Spring: Tuition & Mandatory Fees \$ _____

Summer: Tuition & Mandatory Fees \$ _____

Signature of SA Representative: _____ Date: _____

Financial Aid:

Fall: Amount awarded (after considering other aid): \$ _____

Winterim: Amount awarded (after considering other aid): \$ _____

Spring: Amount awarded (after considering other aid): \$ _____

Summer: Amount awarded (after considering other aid): \$ _____

Signature of FA Representative: _____ Date: _____