

**MARLBORO COLLEGE
EMPLOYEE EDUCATION BENEFIT APPLICATION**

Employee's Name _____

Date of Full-Time Hire _____

Student's Name _____

Student's Date of Birth _____ Student's SSN _____

Relationship of Student to Employee: _____ Self _____ Spouse/Partner _____ Child

Campus _____ Semester/Term _____ Academic Year _____

Course Number	Number of Credits	Course Title	Professor/Faculty

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Human Resources Office _____ Date _____

Financial Aid Office _____ Date _____

Student Accounts Office _____ Date _____

Dean of Faculty (Under Grad) _____ Date _____

or Director of Academic Programs (Grad Ctr)

OFFICE USE ONLY

Cost Per Credit: \$ _____

Original to: Human Resources

Total Charge: \$ _____

Copies to: Student Accounts

G/L #01-56500-60.42 Professional Development: \$ _____

Financial Aid

G/L #01-52325-60.42 Employee Benefit Grad Ctr: \$ _____

G/L #01-52300-60.42 Employee Benefit Under Grad: \$ _____

G/L #01-52338-60.42 Employee Benefit MBA Grad Ctr. \$ _____

Other: \$ _____

Net Due: \$ _____