

Employee Registering as a Student/Employee Institutional Scholarship Application

Texas A&M University-Commerce

Name: _____ SS#: _____

Department: _____

Semester: _____

Name and Section of Course: _____ Hours: _____

_____ Hours: _____

Arrangements to account for time off from regular work week to attend classes:

- _____ Class does not meet during regular working hours
- _____ Will utilize vacation time
- _____ Will take compensating time
- _____ Will take leave without pay
- _____ Other: (Explain) _____

Employee's Signature Date

Arrangements for time off to attend classes are acceptable and class attendance will not interfere in any way with the accomplishments of duties or the work of (he department.

Department Head Signature Date

Employee Services Only:

Employee is eligible / is not eligible for Employee Institutional Scholarship

Approved: _____ *Date:* _____