

Employee Registering as a Student/Employee Institutional Scholarship Application

Texas A&M University at Commerce

Name _____ UIN _____

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 the department.

Department Head Signature

Date

Payroll use only:

Employee is eligible / is not eligible for Employee Institutional Scholarship

Approved: _____

Date: _____