

Refer to the [Study Assistance Policy](#) and [Procedures](#) before completing this application.

Course approval is only required once - before the initial grant of study assistance will be considered.

EMPLOYEE'S DETAILS

Name: Classification (eg HEW level):

Position: Appointment fraction (eg 100%, 50%):%

Work unit:

Phone: Email:

Proposed course of study:

Enrolling institution:

Year of commencement: Year of completion:.....

Course outline attached

.....
Employee's signature Date

HEAD OF WORK UNIT RECOMMENDATION

Describe how this course is relevant the employee's current/planned work responsibilities at SCU.

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Course approval is recommended: Yes No (if no, please provide details)

.....
Head of Work Unit's name Signature Date

APPROVAL

Approved Not approved

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Director, Human Resources Date