

MARLBORO COLLEGE
EMPLOYEE EDUCATION BENEFIT APPLICATION
RETURN TO REGISTRAR'S OFFICE

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

Grad/Undergrad _____ 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 _____

Provost/Dean of Faculty _____ Date _____

OFFICE USE ONLY

Original to: Registrar Cost Per Credit: \$ _____

Copies to: Student Accounts Total Charge: \$ _____

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

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

G/L #1-52300-60.42 Employee Benefit Under Grad: \$ _____

G/L #1-52338-60.42 Employee Benefit MBA Grad Ctr: \$ _____

Other: \$ _____

Net Due: \$ _____