EMPLOYEE EDUCATION PROGRAM (EEP) APPLICATION: DEGREE PROGRAMS

Section 1: Employee Information							
Employee Name (Last Name, First Name)			Workday	ID	Hire Date	e	
Department		Job Titl	Job Title				
Email Address			Supervisor's Name				
Section 2: Educational Institution Information							
Degree Type							
Associate's Degr		Master's Degree			Doctorate Degree		
Brown Universit	_ N	Non-Brown**					
* The IRS allows employ							
calendar year. Graduate	i insulution name.						
University Human Resou	** Participants enrolled in non-Brown courses do not exceed the IRS						
applicant to set up a tax	calendar year limit of \$5,250 and therefore are not taxed.						
Area of Study Le			etter of Acceptance (Submit with initial application only.)				
	Attached Previously Submitted						
Estimated Degree	Estimated Degree Classroom Setting Are You Receiving Any Tuition Support?						
Completion Date		Hybrid (Ex: Non-EEP award money, grants, etc.)					
	Online	Yes No If Yes, Amount: \$					
Section 3: Requested Courses							
	Course Name	Course	Cred	it Start	End	Cost	
		Numbe	Hou	s Date	Date	(Tuition Only)	
1.						\$	
2.					\$		
3.						\$	
Section 4: Employee Agreement							
As a participant in Brown University's Employee Education Program, I hereby acknowledge that I have read and agree to comply with the terms							
and conditions stated in the University EEP program/guidelines. I understand that if I terminate from Brown University for reasons other than							
layoff prior to the end date of my Brown course or should I not successfully complete my course(s), I will be responsible to repay Brown University the full tuition fee or a penalty fee. I hereby authorize Brown University to deduct from my last paycheck(s) the entire amount of							
money owed, either the full tuition or the penalty fee pertaining to my situation. If there are insufficient funds to cover the balance of tuition, I							
will make arrangements to repay Brown University. I understand that reimbursement for non-Brown courses is conditional upon my satisfactory							
completion of the course. I certify that I have answered the above questions accurately and I have declared any other sources from which tuition support has been obtained.							
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Employee Signature		Date	Date		Submit completed applications to:		
Supervisor Signature		Date	Date		Email: educational_benefits@brown.edu		
			Mail: EEP, Box 1879				
OHK Approval		Date					



