

EMPLOYEE EDUCATION PROGRAM (EEP) APPLICATION: Non-Degree Courses at the School of Professional Studies

Section 1: Employee Information

| | | | |
|--|------------------|--------------------------|------------------|
| Employee Name (Last Name, First Name) | | Workday ID | Hire Date |
| Department | Job Title | | |
| Email Address | | Supervisor's Name | |

Section 2: Requested Courses

| Course Name | Start Date | End Date | Cost* (Tuition Only) |
|-------------|------------|----------|-------------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

*The IRS allows employers to provide \$5,250 in tax-free tuition each calendar year. Employees will be taxed in compliance with IRS regulations on tuition that exceeds the IRS limit. University Human Resources (UHR) will notify and work with each applicant to set up a tax schedule.

Section 3: Read and Initial

I acknowledge that I am responsible to notify Brown University UHR and the School of Professional Studies if I wish to cancel my enrollment no later than 14 days prior to the course start date. If a cancellation is made after the course start date(s), I acknowledge that the full cost of tuition for the course(s) must be reimbursed back to the University.

Employee Initial _____

Read and Sign

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. I hereby authorize Brown University to deduct from my last paycheck(s) the entire amount of money owed. If there are insufficient funds to cover the balance of tuition, I will make arrangements to repay Brown University. I certify that I have answered the above questions accurately.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Submit completed applications to:

Email: educational_benefits@brown.edu
Mail: EEP, Box 1879

UHR Approval _____ Date _____