

Educational Assistance Benefit Program

Coursework Eligibility Form



Procedure: Employees that are interested in utilizing EABP to fund educational pursuits should complete and submit this form prior to applying to a program. The program will be reviewed for EABP funding eligibility. Please send this form to LSUemploymentrelations@csudh.edu.

Next Steps: Once approved, applicants will be forwarded an approved copy of this document. Reimbursements under EABP shall not exceed current CSUDH tuition costs. Reimbursement is not guaranteed and is subject to the terms and conditions stated in the *Educational Assistance Benefit Program Policy*. Applicants must complete an *EABP Reimbursement Form* within (30) days after the end of each program term. Individuals leaving the employment of the LSU prior to the completion of coursework lose their fee reimbursement benefit.

Employee Name: _____

Institution Name: _____

Program Name: _____

Term Date(s): _____

Enrollment Status:

Part-Time

Full-Time

Other: _____
please specify

Educational Goal:

Associate

Bachelor

Masters

Doctorate

Credential

Other: _____
please specify

Estimated Program Length:

Start Date: _____

Expected Completion Date: _____

Expected Cost per Term: _____

Acknowledgement of Conditions for Educational Assistance

My Supervisor and I have reviewed the Educational Assistant Benefit Program policy and discussed this application. Upon approval, I understand that any coursework that warrants *release time* or changes in the information listed above must be communicated to LSUemployeerelations@csudh.edu immediately for review.

Applicant Signature

Date

Supervisor Signature

Date

LSU Office Use Only:

According to EABP Policy, the submitted form:

Qualifies

Does not Qualify

Human Resource Signature

Date

Business & Finance Signature

Date

Updated 3/29/2023