

TODAY'S DATE: _____

EMPLOYEE ID EMPLOYEE NAME DATE CHECK NEEDED

GENERAL COURSE INFORMATION

University/Institution: _____ Degree/Certificate: _____

Course Numbers and Titles:	CREDITS	COURSE DAYS	HOURS
1. _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W TH F S	_____ to _____
2. _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W TH F S	_____ to _____

Registration begins: _____ Course start date: _____ Course completion date: _____

	COURSE 1	COURSE 2	GRAND TOTAL
Tuition	\$ _____	\$ _____	
Registration	\$ _____	\$ _____	
Lab Fees	\$ _____	\$ _____	
Required Text/Materials	\$ _____	\$ _____	
Other Mandatory Fees (specify type of fee next line)	\$ _____	\$ _____	
TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

Pay to: Employee School

Special Comments:

ADVANCE AGREEMENT

I hereby apply for an advance of \$ _____ toward the cost of the courses listed above. In making this application, I understand my obligations under Kepler Research's Educational Assistance Program, including my obligation under the promissory demand note. I have filed (or attached) a current Educational Assistance Program Application with the Director of Business Operations. No part of the costs for the above course of study has been or will be paid to me by any agency, organization institution or fund except as noted below. I recognize that amounts reimbursed under the Educational Assistance Program might be subject to withholding taxes and, if applicable, agree to reimburse Kepler Research for any taxes due. I am eligible to receive an interest free loan for educational assistance.

Applicant signature: _____

Date: _____

Supervisor's signature: _____

Date: _____