

Patrick Henry Community College Continuous Learning Request Form

Employee Name	Original Appointment Date	Date of Application
PeopleSoft ID #:		

Position Title	Division/Department	Teaching Field (For Faculty)

After Hours Study

During Hours Study (Note: Classified employees must attach an adjusted and approved work schedule).

Will You be Receiving Financial Aid During the Semester the Course(s) Will be Taken

Total Credit Hours Taken During the Semester (Including Continuous Learning Credit Hours)

College University to be attended:	
Time Study Will be Pursued:	

Course Number	Course Title	Semester Hours	Start Date	End Date	Tuition Costs	Mandatory Fees
				Sub Total		
					Grand Total All Costs	

Purpose of Course (Check one):

Job-Related: Dean or Supervisor's signature verifies that course is related to current position responsibilities.

Degree Requirement: Verification of acceptance into a degree program must be on file.

Date

Employee Signature:		
Supervisor's Signature:		
Dean's Signature:		
Vice President's Signature:		
VP, Finance & Administration Signature:		