
A.

Professional Development Plan

South Texas College

Institutional Grant Application for Employees

Guidelines, Responsibilities, and Application

Purpose

South Texas College is committed to lifelong learning opportunities for its regular full-time faculty and staff. The College offers an institutional tuition grant, **subject to availability of funds**, for active benefit-eligible full-time faculty and staff for eligible credit courses taken at the College; eligible courses include the BAT Program. Adult Continuing Education courses may be covered under this plan if the course directly benefits the employee with their job at STC.

Eligibility

Effective September 1st, 2015 the employee must have completed at least one year of service without a break of employment before the program's benefits can be granted. Upon meeting eligibility, a maximum of nine hours can be granted. The maximum number of hours listed are per semester consisting of three semesters- Fall, Spring, and Summer (I, II, III).

Eligibility for Bachelors of Applied Science in- Organizational Leadership Program

Effective September 1st, 2015 the employee must have completed at least 1 year of service without break of employment before the programs benefits may be granted. Upon meeting eligibility requirements, a combined total of \$300 may be granted for the Fall, Spring and Summer (I, II, III) Semester.

General Guidelines

Institutional Grant Application for employees will be accepted Fall, Spring, and Summer, but are subject to availability of funds per semester. Submission of application does not guarantee approval of grant benefits. Eligible employees may apply to take courses that comply with a specified degree plan or are directly job related. A degree plan is required; if a degree plan is not available the statement of educational purpose should be completed. Coursework undertaken solely for self-enrichment does not qualify for the institutional tuition grant. All guidelines related to the implementation of this plan, shall be maintained by the Office of Human Resources and require approval by the College President.

Eligible employees are expected to take the course(s) outside of normal working hours. Approval for enrollment in a day course(s) should be granted only if the course is not offered during the evening or weekend. Employees approved for day course(s) will be required to submit a supervisor approved modified work schedule along with their institutional grant application.

Employees who are eligible for state or federal aid excluding merit scholarships must first exhaust these funds before becoming eligible for the institutional tuition grant.

For non-resident status employees, the College pays the in-district amount only and the employee is responsible for the difference.

If an employee wishes to drop the course(s), he/she should do so before the 1st class day of the semester. Dropping the course(s) on or after the 1st class day, will result in the participant having to pay for the course(s) if he/she decides to retake the course(s). This does not apply for Developmental Courses. Furthermore the institutional Tuition Grant will not cover Add/Drop, late registration fees; etc.

Failure to obtain required signatures, and applicable required documentation by the stated deadline will disqualify the employee from receiving the institutional grant benefit.

Deadlines

Eligible employees are required to submit their Institutional Grant Application to the Office of Human Resources for approval no later than five business days prior to the designated begin date for that particular semester. Failure to obtain prior approval will automatically forfeit this benefit for the current semester.

Deadline date for the Institutional Grant Application DOES NOT override any deadline dates posted by Student Financial Services and Cashiers Office.

INSTITUTIONAL TUITION GRANT APPLICATION FOR EMPLOYEES

SECTION A: EMPLOYEE INFORMATION

Name	
A#	
Department Name	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF
Contact Telephone Number	

After completion of Section A and Section B, this application must be submitted to the Office of Human Resources no later than five days prior to the College semester's first day of class.

ACADEMIC INFORMATION

SEMESTER/YR of enrollment Indicate if Mini- Mester <input type="checkbox"/>	Semester: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I II III Year: _____
TOTAL CREDIT HOURS	_____Hours
CONTINUING ED COURSE? BAS- OL Program?	__ YES __ NO __ YES __ NO
HAS FINANCIAL AID BEEN APPLIED FOR? RECEIVED?	FIN AID APPLIED FOR? YES NO RECEIVED? _____
COUNTY OF RESIDENCY?	<input type="checkbox"/> HIDALGO <input type="checkbox"/> STARR <input type="checkbox"/> OTHER
DEGREE PLAN ATTACHED?	___ DEGREE PLAN ___STATEMENT OF EDUCATIONAL PURPOSE

COURSE NAME

SECTION NO.

CLASS DAY/TIME

AGREEMENT AND SIGNATURE

By submitting this application, I acknowledge I have read and understood the appropriate guidelines which are an integral part of this application. I understand submission of this application is subject to the availability of funds.

Name (printed)	
Signature	
Date	

INSTITUTIONAL TUITION GRANT APPLICATION FOR EMPLOYEES

SECTION B- SUPERVISOR/ ACCOUNT MANAGER APPROVAL

1. Is course work outside the employee's required work hours? Yes No

If no, please attach modified work schedule

2. Is employee under active status with your department? Yes No

If no, please notify human resources immediately

2. Is employee requesting to use available vacation hours? Yes No

If yes, ensure employee leave forms are completed & submitted as used.

Supervisor's Signature

Date

Office Number

Department Account Manager's Signature

Date

Office Number

SECTION C- OFFICE OF HUMAN RESOURCES

1. Employee date of hire in a regular position: _____

2. Dept. Account Number: _____

3. Is employee eligible for tuition grant benefits? Yes No

a. If No, employee must be notified

4. Applicable documents (check all that apply)

Degree plan Statement of Educational Purpose Modified schedule/ Leave form

HR Approval by: _____ Date _____

SECTION D-ADMISSIONS/ FINANCIAL AID OFFICE APPROVAL

1. Verify residency status: Resident Non- Resident

2. Is requested course being repeated? (excludes Developmental Course) Yes No

3. Indicate repeated course name/ number:

a. _____

b. _____

4. Amount of Grant Awarded \$ _____ (subject to revision due to financial aid or other)

Verified/ Admissions: _____ Date _____

SFS/ Entered by: _____ Date _____

INSTITUTIONAL TUITION GRANT APPLICATION - MODIFIED SCHEDULE for EMPLOYEES

MODIFIED SCHEDULE REQUEST

EMPLOYEE NAME	
A#	
SEMESTER DATES	
DEPARTMENT NAME	
SUPERVISOR NAME	
REGULAR WORK HOURS	

In accordance with the guidelines established for institutional tuition grant benefits, I am requesting a modified work schedule for the duration listed above to enroll in course(s). I understand that any work -week that I do not work a total of 40 hours will be reduced from available paid leave or designate as an approved leave without pay.

DAY OF THE WEEK	IN	OUT	IN	OUT	TOTAL PER DAY
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL /WEEK					

SIGNATURE SECTION

_____	_____	_____
Employee Signature	Date	Office Number
_____	_____	_____
Supervisor Approval Signature	Date	Office Number
_____	_____	_____
Office of Human Resources Verification	Date	Phone Number

INSTITUTIONAL TUITION GRANT APPLICATION – STATEMENT OF EDUCATIONAL PURPOSE

TO BE COMPLETED ONLY IF DEGREE PLAN IS NOT AVAILABLE

EMPLOYEE NAME	
A#	
SEMESTER DATES	
DEPARTMENT NAME	
SUPERVISOR NAME	

SIGNATURE SECTION

_____	_____	_____
Employee Signature	Date	Office Number
_____	_____	_____
Supervisor Approval Signature	Date	Office Number
_____	_____	_____
Office of Human Resources Verification	Date	Phone Number