

GUAM COMMUNITY COLLEGE
Tuition Program Benefit
for Employees' Spouse and Dependents

APPLICATION FORM

Employee Name: _____

Job Title: _____

Division/Department: _____

Contact Info: _____

Work

Email

Semester/Year Applying for:

☐ Fall _____

☐ Spring _____

☐ Summer _____

Student Name: _____
(First) (M.I.) Last

Student ID: _____

☐ Spouse (submit marriage certificate)

☐ Child (submit birth certificate)

Employee's Signature

Date

Certification by Human Resources Office

The above employee has met all requirements for the Tuition Benefit Program and has submitted all necessary documents.

Human Resources (Print Name and Sign)

Date

☐ Schedule submitted to HR within two weeks of the start of the semester.

☐ HR submitted documents to Business Office for processing.

Human Resources (Print Name and Sign)

Date