

# EMPLOYEE EDUCATION PLAN

## SISSETON WAHPETON COLLEGE

Employee Name:

Date:

Department:

Position:

Supervisor:

Proposed Degree Program:

Degree Level:

Proposed Institution of Program:

Program is Primarily:      Online      Night/Weekend      Other: \_\_\_\_\_

Estimated Total Cost (tuition + fees):

Availability of PELL or other Financial Aid: *please provide brief statement below*

Required Attachments:

Course of Study/Program Schedule

Value Statement: *outlining the proposal and how it will fulfill a current or future need at SWC*

Need Statement: *provided by a department director stating the need for these skills*

Impact Statement: *outlining how the EEP could affect current job responsibilities/performance*

Proof of Acceptance in the Proposed Degree Program

***I understand if I resign within twelve (12) months after receiving this assistance, I will be required to repay SWC, partially or in full, as determined by the Educational Assistance Committee.***

\_\_\_\_\_ (applicant's signature)      \_\_\_\_\_ (date)

YES    NO

The applicant is not on probation or subject to disciplinary action

I support the EEP presented, and believe it would benefit SWC

\_\_\_\_\_ (supervisor's signature)      \_\_\_\_\_ (date)

\_\_\_\_\_ (EAC chairs's signature)      \_\_\_\_\_ (date)

\_\_\_\_\_ (president's signature)      \_\_\_\_\_ (date)