Cornell University | Division of Human Resources

Benefit Services
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Application for Employee Degree Program - Undergraduate

IMPORTANT: Visit hr.cornell.edu/employee-degree-program to review complete details and instructions before submitting application

Date of application:_____ Date of hire:_____ Employee ID:_____

Last name: :_____ First name:_____

Job title:_____ Email:_____

Check one: ☐ Contract College Semi-Monthly (exempt) ☐ Contract College Bi-weekly (nonexempt)
☐ Endowed Semi-Monthly (exempt) ☐ Endowed Bi-weekly (nonexempt)

Administrative unit:_____ Department:_____

Campus address:_____ Campus phone:_____

Supervisor;_____ Supervisor phone:_____

Supervisor address:_____

School/College enrolled in:_____ Degree sought:_____

To Be Completed by Applicant

Use the space below to describe how you anticipate that this degree program will assist you in either maintaining or improving your current job skills at Cornell, or enable you to work toward changing your career path at Cornell. Attach a separate sheet if necessary.

☐ I attest that I have read the information regarding section 127 and how this tax legislation may affect my EDP participation (see "Tax Information" on the EDP website)

Employee signature:_____ Date:_____

To Be Completed by Supervisor

The candidate meets the following eligibility criteria: has been employed for at least one year of regular full-time service at Cornell; is a nonacademic employee or academic staff member who does not hold voting status on any college, university or graduate facility; is ROTC military personnel with a minimum of one year of service at Cornell. These endorsements are contingent upon the employee remaining in good standing both as an employee and as a student and the practicality of the program in relation to the future operational requirements of the department. I have reviewed this application and my signature below indicates my understanding and endorsement of the applicant's participation in this academic program.

_____ _____
Name of Employee's Immediate Supervisor Signature /Date

_____ _____
Name of Dean or Executive Officer where employee works Signature /Date

For Division of Human Resources use only:

Approved by:_____ Date:_____