

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

HEALTHCARE EDUCATION SCHOLARS PROGRAM

Employee Name: _____

Title: _____ R#: _____

School/Department: _____ Campus Mailing Address: _____

Phone: _____

Begin Date of Educational Program: _____ End Date of Education Program: _____

College/University and Educational Program for Consideration: _____

Describe the educational program and how participation will benefit TTUHSC:

Itemize total program cost, including tuition, fees, and other expenses, shall not exceed \$50,000:

I agree that I will continue my full-time employment with TTUHSC for at least one month for each month of the development period provided under the Extended Development Program described in HSC OP 70.47, Section 5.c. If I fail to do so, I will reimburse TTUHSC for all the costs associated with the development, including any amount of salary that I received that is not accounted for as paid vacation or compensatory leave.

Employee Signature _____ Date _____

Approval:

Department Signature _____ Date _____

Dean/Vice President _____ Date _____

President _____ Date _____

Submit to: Office of Academic Affairs