



## Application for Employee Degree Program - Graduate

**IMPORTANT:** Visit [hr.cornell.edu/employee-degree-program](http://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)
- I attest that I am enrolled in one of Johnson's Executive MBA Programs and have reviewed the tax issues with Benefit Services & Administration.
- I attest that I do not hold voting status in any college, university, or graduate faculty.

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: \_\_\_\_\_