**The University of Texas at El Paso**

**EDUCATIONAL OPPORTUNITIES**

A full-time employee may register for a maximum of one (1) three-semester-hour credit course to be taken during the normal work day, subject to supervisory approval. Only courses during long-semesters are covered by this policy (Fall and Spring). Courses offered during the short sessions are not covered (Maymester, Summer sessions, and Wintermester). In some instances it may not be possible for an employee to take a course during work hours, since the primary consideration must always be to ensure that the needs of the department and the University are met.

**PROCEDURAL STEPS**

1. The employee submits this form to his/her immediate supervisor before enrolling\* in a course, not to exceed three (3) credit hours, *to be taken during working hours.*
2. The immediate supervisor determines whether or not to recommend the application.
3. The Department Head must approve or deny the request. If the request is denied, the Department Head must give the reason(s) to the employee.
4. Note: The decision to approve or deny a request is discretionary to the Head of the Department. Criteria to arrive at the decision should include:
	1. Employee must have completed probationary period.
	2. Existence of a degree plan.
	3. Quality of job performance of the employee.
	4. Impact on the department.
5. Copy distribution:
6. Copy to Employee
7. Copy to Department Head
8. Copy to Office of Human Resources
9. The Head of each division will periodically review all applications to assure that the procedural criteria are applied on a consistent and equitable basis.

\*Auditing a course is included if done through appropriate University Policy

**The University of Texas at El Paso**

**eDUCATIONAL oPPORTUNITIES**

**APPLICATION TO ENROLL FOR UNIVERSITY COURSE CREDIT**

**DURING WORK HOURS\***

Date:

Employee Name: Empl ID:

 Last First Middle

Job Title: Work Hours:

Department:

**COURSE INFORMATION**

Title of Course:

Course Number: Course Credit (Hrs.):

Course Period (Start Date): (End Date):

Class Days and Times:

Do you consider this course job related? If yes, explain:

*Use an additional sheet, if necessary.*

I have read and understand the guidelines of this policy and agree to comply with the terms and conditions of the policy.

Employee Signature Date

**For the Employee Educational Assistance Program an “EEAP” form must also be completed and submitted to The Office of Human Resources for processing.**

**AUTHORIZATION**

Approved: [ ]  Yes [ ]  No

Immediate Supervisor (Signature) Date

Department Head (Signature) Date

If application is not approved, state reason(s):

\*Available only to full-time employees