

KADLEC
TUITION LOAN PROGRAM
EDUCATION PLAN

****Education Plans must be submitted at least 30 days prior to the beginning of courses.**

Employee Name _____

Address _____

Home or Cell Phone: _____ Work Phone: _____

Current FTE _____

Degree/Formal Program

Associates Bachelors Masters RN BSN

Other (Please indicate) _____

Major/Minor _____

Career Goal _____

Credit Hours Required to Graduate _____

Expected Graduation Date (Month/Year) _____

College/University _____

****You must attach documentation from the program/course offering or College/University catalog identifying required courses, credit hours, course numbers and course description. A photocopy from the College/University catalog with required courses highlighted is the preferred documentation. You must also attach a signed Loan Agreement (Appendix B).****

By checking this box, I acknowledge I have read and understand Kadlec Regional Medical Center Policy No. 522, Tuition Loan Program.

Employee Signature _____

Manager Signature _____

HR Use Only

Hire Date/FTE _____ Plan Approved _____

Current Position _____ Date _____

Eligibility Verified _____ Letter Sent _____

Date _____ Date _____