



Tuition Remission Credit Voucher – Continuing Education

Semester _____

Employee Name: _____ H# _____

Departmental Account Number (**Required**) _____

_____ Continuing Education

_____ CEU's

_____/_____/_____
Course Title Course Prefix Section #

Amount of Tuition Credit \$ _____

Signature of Employee: _____ Date: _____

Vice President of Con Ed: _____ Date: _____

Immediate Supervisor of Employee: _____ Date: _____

Associate/ Assistant VP (if applicable): _____ Date: _____

Vice President: _____ Date: _____

Human Resources:

This is to certify that the above named employee is a full-time faculty/staff member at Horry-Georgetown Technical College.

Human Resources Department

Date

For Business Office Use Only:

Date Processed ____/____/____