



Tuition Remission Credit Voucher – Curriculum

Semester _____

Employee Name: _____ H# _____

Departmental Account Number (**Required**) _____

_____ Curriculum	_____ Credit Hours
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_____/_____/_____
Course Title Course Prefix Section #

Amount of Tuition Credit \$ _____

Signature of Employee: _____ 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 ____/____/____