



## Ellucian EAP Approval Form

This form is to be submitted and approved **BEFORE** seeking enrollment/participation in the course / certification/ program.  
Adobe 7.0 or higher version is required to fill the form and submit it successfully.

Name	<input type="text"/>	Email ID	<input type="text"/>	Emp ID	<input type="text"/>
Team	<input type="text"/>	Title	<input type="text"/>		
Approver Name	<input type="text"/>				
Approver Email ID	<input type="text"/>				

**Provide the details of the course / program that you wish to attend**

Program	<input type="text"/>				
Method	<input type="text"/>	Category	<input type="text"/>	Area	<input type="text"/>
Name of Univ/College/Institute/Certifying Agency	<input type="text"/>				
Address of Univ/College	<input type="text"/>				
Estimated Start Date	<input type="text"/>	Estimated Completion Date	<input type="text"/>		

**How do you think this program will benefit you in your current / new role?**

*Please explain in clear and definite terms as this will strongly influence the approval of your request*

**Benefit to yourself**

**Benefit to the Organization**

**Benefit to the Team**

Approver Remarks

Details

*Please provide an explanation for your remark*

HR Remarks

Details

*Please provide an explanation for your remark*

**Reimbursement details (for use by the HR team)**

Expense Head 1

Amount 1

Expense Head 2

Amount 2

Expense Head 3

Amount 3

Expense Head 4

Amount 4

**Total**