



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