

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
HEALTHCARE EDUCATION SCHOLARS PROGRAM

Employee Name: _____

Title: _____ R#: _____

School/Department: _____

Campus Mailing Address: _____

Phone: _____

Begin Date of Educational Program: _____ End Date of Educational Program: _____

College/Univ807 One of v807 One [(y)1624.4 a1Des of] the educational program and how participation will benefit TTUHS

Itemize total program cost, including tuition, fees and other expenses, shall not exceed \$50,000:

I agree that I will continue my full-time employment with TTUHSC for at least one month for each month of the development. If I fail to do so, I will reimburse TTUHSC fo