Persons eligible for Staff Training benefit must:

1. Be filling a permanent position (full or part-time of at least 30 hours per week) at the institution or be employed by the institution in temporary grant-funded position, or time-limited project position.
2. Have at least six months of state employment service on or before the course start date.
3. Employee must NOT be the recipient of other official grants, gift aid, G.I. Bill, scholarships, etc.
4. Be eligible for non-degree or degree adult student admission to the institution (minimum requirement).
5. Be a legal resident of the state of South Carolina.

Program criteria:

1. Employee must have permission from his/her supervisor to enroll in and attend the class. The course may not interfere with the employee’s regular number of hours worked. Supervisors are encouraged to make arrangements when possible to allow the employee to change their work schedule or take annual leave to participate in the program. Individual departments are responsible for accurately monitoring employee work and leave time for participating employees.
2. The benefit is limited to a maximum of four semester hours of credit (one 3 hour course with the inclusion of a 1 hour associated lab requirement) for one course per academic term based on available funding. Students who have participated in the preceding Fall/Spring semesters are ineligible for the Maymester-Summer session of that annual cycle.
3. Students must complete and pass the course(s) taken with a final grade of “C” at the end of the approved term to have tuition costs covered under this program. Employees will be required to reimburse the institution for any course in which they fail to meet this criteria. Auditing of courses is not permitted under this program. A grade of “I” (incomplete) is not considered a passing grade under this program. Students not meeting this requirement are ineligible to apply in the subsequent semester.
4. Only basic tuition and fees are covered; additional course fees, lab fees, books, etc. are the responsibility of the individual employee.
5. It is the responsibility of the employee to provide written notification (email is acceptable) of any changes regarding the granted course (course selection change/drop-add/withdrawal, etc.)
6. This award might be taxable. Please ask your tax preparer for guidance on this issue.

Application Deadlines:
Fall Semester-July 15   Spring Semester-November 15   Maymester/Summer-March 15
College of Charleston Staff Training Application

Please indicate the Semester you are applying for (use separate application for each term): Year ________________

☐ Fall ☐ Spring ☐ Maymester ☐ May Evening ☐ Summer I Day ☐ Summer Evening ☐ Summer II Day

Date of Application ___________________________ CofC ID Number ___________________________

Name ___________________________ Campus Department ___________________________

Position & Title ___________________________ Office Phone ___________________________

Email ___________________________ Home Phone ___________________________

Home Address ___________________________

Course(s) Selected ________________________________________________________________

*You must be admitted as a degree or non-degree student to register for courses. Graduate School admission and registration guidelines apply for graduate-level coursework. Turn in completed undergraduate applications to the Admissions Office. If you change any of the courses selected, your supervisor must approve the change, in writing, by emailing the Office of Admissions and Adult Student Services at adu@cofc.edu

Description of Job Duties ____________________________________________________________

How will the course(s) you have selected benefit you? ______________________________________

_______________________________________________________________________________

I understand the conditions of this grant program and agree to them if accepted to receive this grant. I certify that I am NOT receiving any other official grants or gift aid.

Signature of Applicant ___________________________ 

To be completed by employee’s supervisor:

How will the employee’s work schedule accommodate their participation in the course(s)? ___________________________

_______________________________________________________________________________

Note: Change in work schedule or assigned duties will not exempt employees from successful course completion without fiscal consequences.

Signature of Supervisor ___________________________ Email ___________________________

Approved: Yes ☐ No ☐ Date ___________________________

The Office of Adult Student Services will inform supervisors of the successful/unsuccssful completion of the course(s). Information regarding course participation will be included in the employee’s record maintained by Human Resources.

Application Accepted: Yes ☐ No ☐

Director of Adult Student Services ___________________________ Date ___________________________

Rev 07/2008