

EDUCATIONAL ASSISTANCE DEGREE PROGRAM APPLICATION FORM

Instructions (to be completed prior to enrolling in a degree program):

1. Complete the Employee Information and Registration Approval Information sections, attach a degree program description and a signed Educational Assistance Expense Repayment Agreement (Exhibit B), and obtain appropriate supervisor's/manager's approval(s). Reimbursement will be made cumulatively up to the Approved Reimbursement Amount as entered below—**please allow for inflation, etc. in determining the total Approved Reimbursement Amount because a new Educational Assistance Degree Program Application Form will be required if the approved amount is exceeded.**
2. Send the form to your local Human Resources representative for approval and forwarding to Corporate Human Resources. Refer to the Educational Assistance Policy for approval requirements.
3. This form must be completed and approved before reimbursement can be made.
4. Corporate Human Resources will record and maintain the Company record of your Degree Program approval and promptly return acknowledgement of the Application to you.

<i>EMPLOYEE INFORMATION</i>		
Employee Name	Employee ID	Employment Date
Department	Position Title	Business Telephone Number

<i>REGISTRATION APPROVAL INFORMATION</i>			
Institution	Location	Degree Type: _____	Degree Major: _____
Approved Reimbursement Amount (Required)	Provide additional cost details per credit hour or by quarter or semester (e.g., books, lab fees, etc.)	# of Credit Hours Required	Estimated Completion Date
Program Description			
How does the degree relate to your career plan at California Resources Corporation? <i>(Required)</i>			

<i>SIGNATURES/APPROVALS</i>	
Employee Signature:	Date
Supervisor/Manager Approval—Signature:	Date
Print Name:	
Local Human Resources Approval—Signature:	Date
Print Name:	
Functional Vice President or Appointed Designee Approval —Signature:	Date
Print Name:	
Executive Vice President Approval (if required)—Signature:	Date
Print Name:	
VP Human Resources, VP Compensation & Benefits, or Appointed Designee Approval (if required)—Signature:	Date
Print Name:	
Other Executive Approval (if required)—Signature:	Date
Print Name:	
Recorded by Corporate Human Resources:	Date