

AIR FORCE CIVILIAN EMPLOYEE TUITION ASSISTANCE

AUTHORITY: 5 USC Chapter 41 and AFI36-401 and EO9397.

PRINCIPLE PURPOSE: To process an individual's request for Air Force Tuition Assistance. Use of SSN is necessary to make positive identification of the individual's records.

ROUTINE USES: To provide the basis for certification and payment of the requested monetary assistance.

DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information may result in disapproval of the individual's request for tuition assistance.

NAME (Last, First, Middle Initial)	GRADE	SSAN
ORGANIZATION	DUTY PHONE	

NAME OF SCHOOL

STUDENT ENROLLMENT DATA:

CODE	COURSE TITLE	HOURS	START DATE	END DATE	LEVEL	LOC	COST	PAY METHOD
PER HOUR COST	TOTAL LAB FEES	TOTAL GOVERNMENT	TOTAL STUDENT COST					

CONDITIONS AND CERTIFICATIONS

I agree that no changes will be made in the above courses or dollar amounts without the approval of the issuing office; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 75% of my tuition not to exceed \$187.50 per semester hour. I agree to pay the remaining amount and any other cost and fees. I will reimburse the Air Force for the above amount if I fail to complete the course(s) for reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course(s) was not due to circumstances beyond my control. Successful completion requires a grade of "C" or better for undergraduate courses, a grade of "B" or better for graduate courses and a satisfactory for courses which have no letter grade. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the Air Force Personnel Center of degree completion. I also understand that tuition assistance is not authorized for any courses in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Veterans (VA) Education Allowances, VEAP, etc.). I have discussed this with my supervisor and he/she agreed that this off-duty course study will not adversely affect my performance of duty.

DATE	SIGNATURE OF APPLICANT
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ACTION BY APPROVING OFFICIAL

	APPROVED. THIS APPLICANT HAS BEEN COUNSELED AND IS CONSIDERED QUALIFIED AS COURSE(S) ARE MISSION RELATED, FUNDS ARE AVAILABLE
	THE ABOVE EMPLOYEE HAS SIGNED A "CONTINUED SERVICE AGREEMENT" (ATTACHED)
	A "CONTINUED SERVICE AGREEMENT" IS NOT REQUIRED.
	DISAPPROVED. SEE COMMENTS BELOW.

COMMENTS:

DATE	SIGNATURE OF APPROVING OFFICIAL
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MAIL INVOICES TO:	ACCOUNTING CLASSIFICATION:
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