

APPLICATION FOR TUITION ASSISTANCE

NAVMC 10883 (REV. 6-97) (EF) (Previous editions will not be used.)

SN: 0109-LF-069-0000

Instructions: Complete and submit form to Navy Campus or Marine Corps Education Center prior to beginning of course. Please print.

SSN:	NAME: LAST	FIRST	MI
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BRANCH OF SERVICE	PAYGRADE	MOS/RATE/RANK/DESIGNATOR	SEX
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DATE OF BIRTH (YY/MM/DD)	ACTIVE DUTY SERVICE DATE (YY/MM/DD)	END ACTIVE OBLIGATED SERVICE (YY/MM/DD)
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GI BILL ENROLLED IN: 1. Vietnam Era 2. VEAP 3. MGIB 4. EATP 5. NONE

WORK PHONE _____ UIC: (NAVY) RUC/MCC: MARINE CORPS)

COURSE LOCATION

1. ON - BASE 2. OFF - BASE 3. DISTANCE LEARNING (I.E., INDEPENDENT STUDY, VIDEO, TV, COMPUTER)

YEARS OF EDUCATION:

IMMEDIATE EDUCATION GOAL

1. HS DIPLOMA 2. VOCATIONAL - TECHNICAL 3. ASSOCIATE 4. BACHELORS
 5. MASTERS 6. DOCTORATE 7. PROFESSIONAL (I.E., MD, JD, DDS)

WILL YOU GRADUATE AFTER THIS TERM?: YES NO

SCHOOL: _____ DO YOU HAVE A SOCNAV/SOCMAR AGREEMENT? YES NO

TERM START DATE: YY/MM/DD _____ TERM COMPLETION DATE: YY/MM/DD _____

COURSE INFORMATION						
Course Level: H=High School D= Developmental/Prep V= Vocational - Technical L= Lower (Freshman/Sophomore) U= Upper (Junior/Senior) G= Graduate Type of Credits/Hours: S= Semester Q= Quarter C= Clock K= Carnegie (High School)						
COURSE DEPT/NUMBER	COURSE TITLE	COURSE LEVEL (Codes Above)	NUMBER OF CREDITS/HOURS	TYPE OF CREDITS/HOURS	COST PER CREDIT/HOUR	TOTAL COURSE COST

I request TA with the understanding that I will pay all costs over and above amount authorized. **BY MY SIGNATURE I CERTIFY I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH ALL OF THE GOVERNING VOLUNTARY EDUCATION INSTRUCTIONS AND THE PROVISIONS ON BACK OF THIS FORM.**

APPLICANT'S SIGNATURE	DATE
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COMMAND (Print) _____

COMPLETE ADDRESS _____

FAX NUMBER	DSN:	COM:	
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APPLICANT'S COMMANDING OFFICER, EXECUTIVE OFFICER OR OFFICER IN CHARGE: The applicant's present or anticipated military duties will permit him/her to attend and complete the course(s).

DATE:	TYPED OR PRINTED NAME OF COMMANDING OFFICER	SIGNATURE OF COMMANDING OFFICER
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PRIVACY ACT STATEMENT

Under authority of 5 USC 301, personal data is requested. Your SSN will be used for identification. This information will be included in your Education Record retained by the Education Center. It will not be divulged without your written consent to anyone other than Navy/Marine Corps/school personnel involved with TA. You are not required to provide this information; however, failure to do so will result in not being considered for TA.

AGREEMENT

A. I understand acceptance of TA obligates me to the following:

1. To pay the remainder of tuition cost plus all other costs such as but not limited to textbooks.
2. To submit this application to my servicing Navy Campus or Marine Corps Education Center **prior to beginning of course**. For Navy members, TA will not be authorized after the school's late registration deadline.
3. To personally deliver or mail my TA Authorization Form to the school **during registration**. **If I register for courses prior to receiving a TA Authorization Form, I am liable for the full amount of tuition.**
4. **To notify the Naval Education and Training Professional Development and Technology Center (NETPDTC)* and the Education Center in writing if I do not enroll** in any or all course(s) on this form or if I **withdraw before the school's "drop/add" date**.
5. To notify NETPDTC* and the Education Center in writing if I enroll in a different course than the one on this form. I can change a course title on the TA Authorization Form only if there is no tuition increase. The new course must apply toward my educational goal.
6. To **reimburse**, via money order or cashier's check payable to U.S. Treasury and mailed to NETPDTC*, the tuition paid on my behalf if I:

- a. **voluntarily withdraw from a course after the "drop/add" date.**
- b. **receive a failing grade.**
- c. **fail to clear an incomplete (I) grade within 6 months of course completion date.**

7. To provide NETPDTC*, in the case of an involuntary course withdrawal, a letter from my commanding officer confirming withdrawal was due to hospitalization, PCS, TAD, documented emergency leave or change in military duties or assignment. Reimbursement may be waived if I officially withdrew based on one of these circumstances.

8. To authorize the school I attend to forward a grade report to NETPDTC*. If my school fails to do so, I will be notified by NETPDTC. It then becomes my responsibility to forward my grade to NETPDTC*. **Ultimate responsibility to provide grades to NETPDTC rests with the service member.**

B. I understand the school's failure to provide a grade report or my failure to respond as outlined in paragraphs 1 through 7 will lead to formal resolution/collection efforts such as a letter or indebtedness to my commanding officer and possible pay checkage.

C. I understand I am not entitled to use TA if my grade point average for TA-funded courses falls below a "C" for undergraduate or a "B" for graduate courses.

D. I understand I am not entitled to use TA if receiving other federal financial aid for the same course(s) which results in a duplication of benefits from the U.S. Treasury. I will not apply for/receive VA educational assistance for course(s) on this form.

E. If a Navy Member, I understand I must obtain a Degree Plan or SOCNAV Agreement by the time I have 5 TA - funded courses; only courses required for the degree will be approved for TA.

COMMISSIONED OFFICERS

I agree, in accordance with 10 USC 2007, to remain on active duty for two (2) years after completing the course(s) on this form. This obligation runs concurrently with any remaining obligated service time. This agreement does not obligate the military service to retain me on active duty. If allowed to voluntarily resign before two year obligation is served, I will repay the government a portion of TA expended on my behalf during my last two years of active duty in accordance with 10 USC 2005. Reimbursement of TA does not negate the obligation.

NOTE: All correspondence to NETPDTC should include:

*COMMANDING OFFICER

NETPDTC N8115

6490 SAUFLEY FIELD ROAD

PENSACOLA FL 32509-5241

- a. Your full name
- b. Your social security number
- c. Name of school and course(s)
- d. Term dates involved
- e. TA document number