

**Instructions: Complete and submit Tuition Assistance (TA) Application form (pages 1 and 2) to Navy College Office / Marine Corps Education Services Center PRIOR to the start of the term. This TA Application Form may be submitted via email, fax or in person. If completing by hand, print clearly.**

**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 Navy College Office (NCO) or Marine Corps Education Services Center. It will not be divulged without your written consent to anyone other than the U.S. Government and/or 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. For Navy, paper and/or electronic copies of the signed TA Application are retained at the originating NCO for three years and then shredded or burned. For Marines, copies of the signed TA Application are retained at the originating Marine Corps Education Services Center and shall transfer with the Marine to each new duty station. Copies of TA Applications and/or Authorizations for officers are maintained in their official personnel record for two years following the end of the last TA funded course. All other records are maintained in electronic format within the Navy College Management and Information System (NCMIS) indefinitely.

**Student / Applicant Information** (Instructions: Tab to move to next field. Shift-Tab to move back. To make an X in block , click with mouse or press your spacebar.)

Social Security Number _____	( ) Daytime Telephone Comm EXT DSN INTERNATIONAL _____ ( ) Fax Number Comm EXT DSN INTERNATIONAL _____ Email Address _____	GI Bill Enrollment Status: (Select only one) <input type="checkbox"/> 1. Vietnam Era <input type="checkbox"/> 2. VEAP <input type="checkbox"/> 3. MGIB <input type="checkbox"/> 4. EATP <input type="checkbox"/> 5. REAP <input type="checkbox"/> 6. None
Last Name _____	First Name _____ MI _____	Years of Education: _____
Command Name: CBIRF 3399 STRAUSS AVE SUITE 219		20420
Command Address: INDIAN HEAD MD 20640		UIC or MCC/RUC

**Student / Degree Planning Information**

<b>Immediate Academic Goals #1 - #8:</b> (Select only one): <input type="checkbox"/> 1. High School Diploma <input type="checkbox"/> 2. Vocational/Technical <input type="checkbox"/> 3. Associate <input type="checkbox"/> 4. Bachelor's <input type="checkbox"/> 5. Master's <input type="checkbox"/> 6. Doctoral <input type="checkbox"/> 7. Professional (i.e., MD, JD, DDS, etc) <input type="checkbox"/> 8. Continuing Education (CEU/Certificate) (Navy Only) Do you have a degree plan for the goal listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(Complete this section for Academic Goals #1 - #7 only)</b> Anticipated Graduation Date: _____ (enter only if within 12 months) (yyyy / mm) School Issuing Degree: _____ Have you applied for graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Complete this section for Academic Goals #3 &amp; #4 only)</b> Do you have a SOCNAV/SOCMAR Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, SOCNAV/SOCMAR College: _____ Are you enrolled in a Navy College Program Distance Learning Partnership (NCPDLP) Degree Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, NCPDLP School: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Course Request Information:**

School Name: _____ Term Start Date: _____ Term End Date: _____ (yyyy / mm / dd) (yyyy / mm / dd)	School Location: (not street address) City: _____ State: _____ (2 Character - ex: FL) Country: _____
--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

Use the following information to enter the correct codes in the Course Description Blocks Below:

<b>(CD): COURSE DESCRIPTION</b> 1 = On-Base (any military base) 2 = Off-Base 3 = Distance Learning 4 = Credit by Examination 5 = Deployed (Marine Corps only)	<b>(CL): COURSE LEVEL</b> H = High School E = Continuing Education/Certificate D = Developmental/Prep (Navy Only) V = Vocational/Technical L = Lower Level (Freshman/Sophomore) U = Upper Level (Junior/Senior) G = Graduate Level	<b>(PIM): PRIMARY INSTRUCTIONAL MODE</b> C = CD ROM I = Instructor P = Paper Based T = TeleTraining V = Video Tape W = Web/Internet	<b>(CU): CREDIT UNIT HOURS/TYPE</b> S = Semester Q = Quarter C = Clock K = Carnegie (High School) N = Continuing Education Units (Navy only)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

Course Description Blocks. List one course per line.

COURSE	COURSE TITLE	CD codes above	CL codes above	PIM codes above	CU codes above	# of Credit Hours	Tuition Cost Per Credit Hour	Course Fee	Total Course Cost
Dept Number									\$ 0.00
									\$ 0.00
									\$ 0.00
									\$ 0.00
Term/Semester Fee: List fee other than course fee. (example: library fee)									
<b>TOTAL of all courses and fees:</b>									\$0.00

**COMMAND APPROVAL:** For the 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) listed above.

_____ Signature of Commanding Officer or By Direction	_____ Printed Name and Rank of Commanding Officer or signing Officer	Date: _____ (yyyy / mm / dd)
-------------------------------------------------------------	----------------------------------------------------------------------------	---------------------------------

**TUITION ASSISTANCE APPLICATION AGREEMENT**

This **TA Application** is a request to my servicing Education Center for a **TA Authorization Voucher** providing federal funds for my education.

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

- To submit this TA Application request to my servicing Military Education Center PRIOR to the start of the term.**  
Once my TA Application is approved, I will receive a TA Authorization Voucher.
- To personally mail, fax or deliver my TA Authorization Voucher to the school.
- To pay the remainder of tuition and course fees not covered on the TA Authorization Voucher to the school.
- To notify the Education Center if any changes to the information on this document occur.
- To notify the Education Center if I do not enroll in any or all course(s) on this form or if I cancel before the school's "drop/add" date.
- To reimburse, via money order or cashier's check payable to **U.S. Treasury** and mailed to NETPDTTC\*, tuition and fees paid on my behalf if I:
  - voluntarily withdraw from a course after the "drop/add" date or full tuition refund date and receive a (W) grade.**
  - receive a failing (F) grade.**
  - fail to clear an incomplete (I) grade within 6 months of course completion date.**
- To provide NETPDTTC a **letter from my Commanding Officer** confirming withdrawal for military or emergency reasons. Reimbursement may be waived if I officially withdrew based on these circumstances and if I submit command verification to NETPDTTC \*N8115.
- To provide grades to NETPDTTC\***. It is my responsibility to ensure my grades are forwarded to NETPDTTC\* within 60 days of course completion (30 days for Marines). Failure to do so could result in a formal resolution/collection effort of my military pay.

**Correspondence for:**

<b>Grades</b>	<b>NOTE: All correspondence and payments to NETPDTTC should include</b>		
<b>Reimbursement of military TA</b>	a. Your full name	d. Term dates involved	
<b>Letters from Commanding Officer verifying involuntary course withdrawal</b>	b. Your social security number	e. Course name/number	
	c. Name of school	f. TA Authorization Voucher number	
<b>Address: *COMMANDING OFFICER</b>	<b>Other NETPDTTC Contacts:</b>	<b>NAVY</b>	<b>MARINE CORPS</b>
NETPDTTC TA ACCOUNTING N8115	E-MAIL ADDRESS:	SFLY_TA.Navy@navy.mil	SFLY_TA.Marine@navy.mil
6490 SAUFLEY FIELD ROAD	TELEPHONE:	DSN 922-1001 x2 x2 or Comm (850) 452-1001 x2 x2	DSN 922-1001 x2 x3 or Comm (850) 452-1001 x2 x3
PENSACOLA, FL 32509-5241	FAX NUMBER:	DSN 922-1149 or Comm (850) 452-1149	DSN 922-1032 or Comm (850) 452-1032

**OTHER TA OBLIGATIONS:**

- B.** I understand if I am eligible for Montgomery GI Bill (MGIB) educational benefits, I may supplement TA through the MGIB Top-Up program. I understand that I may not claim full MGIB benefits for the same courses on this TA Application, as that would constitute a duplication of benefits from the Department of Veteran Affairs.
- C.** As a Navy member pursuing an undergraduate academic goal, I understand I should obtain a degree Plan or SOCNAV Agreement by the time I have 5 TA-funded courses completed. As a Marine member pursuing an academic goal, I understand I should obtain a degree Plan or SOCMAR Agreement by the time I have 12 TA-funded semester hours or equivalent completed.
- D.** (For Navy ONLY) I am aware of the limitation of 12 Semester Hours (or the equivalent of 18 Quarter Hours, 180 Clock Hours or 18 Continuing Education Units) in effect for Navy Tuition Assistance. (For Marines ONLY) I am aware of the limitation of \$4500 TA per fiscal year. I certify that my request for TA does not exceed this limit.
- E.** I understand I am responsible for any overpayment of TA. I must also reimburse TA funds when there is a cancellation of TA and any non-reimbursable fee has been paid to the college.
- F. Upon completion of a certificate or degree** earned from an academic institution with national or regional accreditation recognized by the U.S. Department of Education; I will request my college send an official transcript to the Navy College Center (NCC). (For Marines ONLY) Upon completion of a certificate or degree, I will request my college send an official transcript to my unit diary clerk to be updated in the Marine Corps Total Force System (MCTFS).

Complete this form, sign; then fax, mail or deliver to your nearest Military Education Office

**TO FIND YOUR NEAREST Navy or Marine EDUCATION CENTER:**

**For Navy, go to web site:** <https://www.navycollege.navy.mil/ncp/findnco.cfm>

**For Marine Corps, go to web site:** <http://www.usmc-mccs.org/education/locations.cfm>

(For **QUESTIONS** on this TA Application, contact your Military Education Center for assistance.)

**Tuition Assistance is available under Federal Law 10 USC 2007. By my signature, I certify I have read, understand, and will comply with all of the governing voluntary education instructions and the provisions on this form. I understand I will pay all costs over and above the amount of tuition assistance authorized.**

\_\_\_\_\_  
Applicant's Signature

Enlisted       Officer  
Check status

Application Date: \_\_\_\_\_  
(yyyy / mm / dd)

EAOS Date: \_\_\_\_\_  
(yyyy / mm / dd)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Rank  
(ex: E-1, O-2)

\_\_\_\_\_  
Branch of Service

**Commissioned Officers Only:** By my signature above, I agree, in accordance with 10 USC 2007, to remain on active duty for two (2) continuous years following the end of the last TA funded course. 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 my 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.