

## CNRH N9 Tuition Assistance Request Form

**Initial Application**     **Reimbursement Request**

Employee Name:			
I request tuition assistance for the following job related or career plan courses:			
Career Plan Courses:	Credit Hours:	Attendance Dates:	
		-	
		-	
		-	
University Name:			
University Address:			
Tuition Cost:	Tuition Assistance Amount Requested:	Due Date:	
Authorization to withhold applicable federal taxes on graduate courses as applicable to IRS limits:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
In order to establish eligibility for the tuition Assistance Program, I understand and agree that I will remain employed with Department of Navy CNIC N9 for at least three times the length of the course or courses or be subject to repayment. Upon completion of the course(s) on this request I will be obligated to remain with DON CNIC N9 F&FR programs until:	Employee Signature:	Date:	
<p>I further authorize CNRH N9 Support Center to withhold any final salary, leave or other pay due to me to apply against or liquidate any indebtedness arising from violation of this agreement.</p> <p>I am not receiving any other Federal or State subsidies such as Veterans Administration Education benefits, scholarships, or grants, etc., in whole or part, where the payment would constitute duplication of benefits for the course(s) described in the request.</p> <p>I understand that I must successfully complete the course(s) for which tuition assistance is approved. Successful completion requires a grade of "C" or better for undergraduate courses; a grade of "B" or better for graduate courses; and "satisfactory" for courses that have no letter grade. I hereby authorize the release of academic information (course grades, completion status) by the academic institution to the CNRH N9 Regional Training Manager (N947). I further agree to provide a copy of the grade report and financial statements to N947 within 30 days of completing each course.</p>			
Employee Signature:		Date:	
Supervisor Signature:		Date:	
Regional Training Manager Signature:		Date:	
Regional Program Manager Signature:		Date:	
Regional Accounting Office Signature (upon reimbursement):		Date:	