

AUTHORITY FOR TUITION ASSISTANCE - EDUCATION SERVICES PROGRAM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and EO 9397.

PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use *Of* SSN is necessary to make positive identification *Of* the individual and records.

ROUTINE USES: Records may be disclosed to civilian schools for the purposes *Of* ensuring correct enrollment and billing information.

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

NAME (Last, First, Middle Initial)	GRADE	DOS (Enlisted)

ORGANIZATION	DUTY PHONE	SSN

NAME OF SCHOOL	LOCATION OF COURSE (S)	TYPE OF STUDY	
Bellevue University 1000 Galvin Road South Bellevue, Nebraska 68005	Online	<input type="checkbox"/> TECHNICAL OCCUPATIONAL	<input checked="" type="checkbox"/> COLLEGE UNDERGRADUATE
		<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> COLLEGE GRADUATE

NUMBER AND TITLE OF COURSE	CREDIT HOURS	DAYS OF WEEK	HOURS OF MEETING	INCLUSIVE DATES (Begin Date to End Date)
				[] to []
				[] to []
				[] to []
				[] to []

TUITION FEE PER HOUR	LAB OR SHOP FEES	TUITION AND FEES REQUESTED	STUDENT COST	TOTAL TUITION COST
SEM \$			\$ 0	
QTR \$	\$	\$		\$

CONDITION AND CERTIFICATIONS

I agree that no changes will be made in the above courses or dollar amounts without the approval of the issuing education center staff; 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 or fee. I agree to pay the remaining amount and any other costs 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 I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course (s) was not due to circumstances beyond my control. 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 education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AF 36-2305 for update of my military record. I understand that tuition assistance is not authorized for any course 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 Administration (VA) Education Allowances, VEAP, etc.) I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified in this agreement.

I WILL INFORM MY COMMANDER AND/OR SUPERVISOR OF MY ENROLLMENT IN THE ABOVE COURSE(S). IF NECESSARY I WILL DISENROLL FROM THE ABOVE COURSES BEFORE THE FIRST CLASS MEETING.

DATE	SIGNATURE OF APPLICANT

VERIFICATION BY MPF/ESO (Education Services Office)

APPROVED. THIS APPLICANT HAS BEEN COUNSELED AND IS CONSIDERED QUALIFIED FOR THE COURSE(S). ELIGIBILITY IS BASED ON THE CERTIFICATION ABOVE. FUNDS ARE AVAILABLE.

DISAPPROVED BECAUSE

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DATE	SIGNATURE OF EDUCATION SERVICES OFFICER

MAIL INVOICES TO:	ACCOUNTING CLASSIFICATION
	RACF # [] ED Cen # [] EEIC 551 []