APPLICATION FOR TUITION SUPPORT

UBMIT IN DUPLICATE

.. Name of Applicant	2. Social Security No.	3. Years in present position	4. Years in State service

5. Title and Salary Grade	6. Department or Agency

7. Mailing Address (Home)	8. Division or Institution	9. Business Telephone

10. Work Location (City or Town)

11. Negotiating Unit

☐ ADM ☐ INST ☐ OPR ☐ PST ☐ SEC ☐ M/C

12. Explain how training will assist you in progressing toward reasonable career goals within State service.

13. Course Title and Number	Indicate expenses required by this training:

14. Time of Course	15. Credit Hours

16. Starting Date	17. Ending Date
_____ Month Day Year	_____ Month Day Year

18. Institution Conducting Course

19. Mailing Address of Institution

EXPENSE CATEGORY	AMOUNT
20. Tuition	$
21. Registration Fee	$
22. Laboratory Fee	$
23. Total Cost	$

NOTE: Maximum allowance is $300 per fiscal year.

24. Course Description: Please give description as shown in college catalog.

25. Applicant's Signature	Date

AGENCYACTION: ☐ Approved	Amount Approved $	☐ Disapproved	Reference No.

Authorizing Signature	Reasons

Title	Date	Date Applicant Notified