

Institute for Career Development USW/Goodyear-Fayetteville, NC 5411 Ramsey Street, Suite C Fayetteville, NC 28311 910-568-5915 Ron Sandy, Site Coordinator

TUITION ASSISTANCE PLAN REQUEST FOR TUITION REIMBURSEMENT

| Name | | | | | | | Clock | Card # | | |
|----------------------------------|-----------|------------------|----------|-----------------------------|------------|---------------|-------------------|----------|---------|-------|
| Address | | | | | | | City, St | tate Zip | | |
| Telephone | | | M | Mobile | | Crew | | | | |
| Email | | | | | | | Department | | | |
| Continuous Service Date | | | | | | | Last 4 SS# | | | |
| Learning Institution Information | | | | | | | | | | |
| Institution Name | | | | | | | Telephone | | | |
| Address | | | | | | | City, State Zip | | | |
| Study Plans - Program Type | | | | | | | | | | |
| | Associate | Degree | Co | Continuing Education | | | | 0 | | Other |
| Bachelor Degree | | | G | Graduate Degree | | | | | | |
| Certificate | | | Hi | High School Completion/GED | | | | | | |
| Online Course | | | In | In-Class Course | | | | | | |
| | De | escribe Each Cou | ırse Cov | ered by | this Tuiti | on Req | uest for | Assistan | ce | |
| Course Name(s) | | | Co | Course Number(s) Credi | | | it Hours Cost p | | er Hour | Fees |
| | | | | | | | | \$ | | \$ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Term Beginning Date | | | | Term Ending Da | | | ite | | | |
| Tuition Costs \$ | | | Fees | ees \$ | | Total Request | | \$ | | |

I agree that:

- * This request does not include tuition assistance from any other source.
- * This request covers tuition and direct course related fees only. (Does not include application, material, equipment, parking fees or any other non-tuition costs.)
- * I will attend classes on my own time.
- * When I finish my studies, I will provide proof of completion, such as a grade report, to the Career Development Program. (Failure to do so will prohibit me from receiving further Tuition Assistance.)

| Signature | Signature | re | Date | |
|-----------|-----------|----|------|--|
|-----------|-----------|----|------|--|

Please return the completed form to: ICD Office