

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								Clo	ck Card #		
Address								City	, State Zip		
Telephone			Mobile			Crew					
Email								Department			
Continuous Service Date								Last 4 SS#			
Learning Institution Information											
Institution Name								Telephone			
Add	Address							City, State Zip			
Study Plans - Program Type											
	Associate	Degree	egree Continuing Education				on			C	Other
Bachelor Degree				Graduate Degree						•	
Certificate				High School Completion/GED							
Online Course				In-Class Course							
Describe Each Course Covered by this Tuition Request for Assistance											
Course Name(s)							it Hours Cost p		per Hour	Fees	
										\$	\$
Term Beginning Date				Term Ending D			ate				
Tuition Costs \$			Fee	ees \$			Tota	al Request	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	Date	
0		

Please return the completed form to: ICD Office