



Tuition Assistance Request Form

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:	Textbook:	Other Expense:	Total Amount:	Due Date:	
Authorization to withhold applicable federal taxes on graduate courses as applicable to IRS limits:				Yes	No
In order to establish eligibility for the Tuition Assistance Program, I understand and agree that: I will remain employed with 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 employed in CNIC until:				Date:	
I further authorize CNIC N9 Support Center to withhold any final salary, leave or other pay due me to apply against or liquidate any indebtedness arising from violation of this agreement.					
I am not receiving any other Federal or State tuition subsidies such as Veterans Administration Education benefits, scholarships, or grants, etc., in whole or in part, where the payment would constitute a duplication of benefits for the course(s) described in the request.					
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 NAF Human Resources (N941). I further agree to provide a copy of the grade report to N941 within 30 days of completing each course.					
Employee Signature:				Date:	
Deputy Division Director Signature:				Date:	
N941 Signature:				Date:	
Division Director Signature:				Date:	
N941 Processing (Initial):				Date:	