

**REQUEST TO FILE**  
**TUITION ASSISTANCE APPLICATION**  
 FY 2014

*REF: ALCOAST 502/13: New CG TA Policy.*  
*Please ensure you have read and understand the constraints as outlined in the ALCOAST.*

<b>1. NAME:</b> (Last, First, MI)	<b>2. EMPLID:</b>	<b>3. SERVICE STATUS:</b> <input type="radio"/> Active Duty
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<b>4. ADDITIONAL CRITERIA:</b> <input type="radio"/> Satisfactory progress toward completion of unit qualifications <input type="radio"/> Satisfactory progress toward watch station qualifications <input type="radio"/> Satisfactory proficiency of craft <input type="radio"/> Satisfactory conduct during previous (6) months prior to TA app	<b>5. DEGREE TYPE SEEKING</b> <input type="radio"/> Undergraduate Degree <input type="radio"/> Other _____
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**6. ENROLLMENT INFORMATION**

Course #	Title	# of Credits	In Class/Online	Start Date

All personnel who desire to utilize the Coast Guard Tuition Assistance Program will complete this form and forward up Chain of Command for final signature by Chain of Command (i.e. Commanding Officer, Executive, Officer, or Officer in Charge). All completed forms will be forwarded to the Education Service Officer. This process will ensure all members utilizing TA are in fact eligible for program thus preventing individuals from any unnecessary repayment of tuition assistance monies.

**7. MEMBER CERTIFICATION**

I believe the above information to be true and if deemed eligible to utilize the Coast Guard Tuition Assistance Program, will read and comply with all provisions of the program.

PRINTED NAME: (Last, First, MI)	RATE/RANK:	SIGNATURE: _____	DATE: _____
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**8. SUPERVISOR VERIFICATION (E7 or above)**

I have verified the member's Service Status (#3) and Eligibility Requirements (#4) as listed above.

PRINTED NAME: (Last, First, MI)	RATE/RANK:	SIGNATURE: _____	DATE: _____
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**9. COMMANDING OFFICER (CO) / EXECUTIVE OFFICER (XO) APPROVAL**

PRINTED NAME: (Last, First, MI)	RATE/RANK:	SIGNATURE: _____	DATE: _____
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