

# APPLICATION FOR TUITION ASSISTANCE WAIVER

**Privacy Statement:** Under the authority of 5 USC §301, you are being asked to provide the personal data on the front of this form so your request for Coast Guard Tuition Assistance (TA) can be processed. Your Social Security Number will be used for identification. The office responsible for processing TA requests will retain this information. It will not be divulged without your written authorization to anyone other than Coast Guard or school personnel involved with the administration of the TA program. You are not required to provide this information. However, if you fail to do so your TA request will be denied.

**Instructions:** Complete and submit this application as an attachment via email to your unit commanding officer and Education Services Officer (ESO). Your ESO will email the completed application to the Coast Guard Institute. Attach an electronic copy of your TA Application (if you are requesting a late application waiver or TA Authorization (if you are requesting a course repayment) as well as any documentation supporting your request.

<b>1. NAME</b> (Last, First, MI)	<b>2. SSN</b>
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**3. COURSE INFORMATION**

a. Institution Name:	b. Department Name:	c. Course Number(s):
d. Course Title(s):	e. Course Dates Begin: <span style="float: right;">End:</span>	

**4. TYPE OF WAIVER** (Select one)

- a. Late application. (Submission of TA application less than 14 calendar days prior to start of course.)
- b. Course repayment. (Failure (F), Withdrawal after drop date (W) or Incomplete (I) courses.)
- c. Other (please specify)

**5. REASON FOR REQUEST** (Select one)

- a. Operational necessity - An operational commitment which precluded you from either: a) submitting your TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) failing, withdrawing after drop date or incomplete in course. This must be verified by a member of your unit's command cadre.
- b. Personal emergency - Emergency leave which precluded you from either: a) submitting your TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) failing, withdrawing after drop date or incomplete in course. Illness or hospitalization must be verified by a medical officer's statement; all other reasons must be verified by a member of your unit's command cadre.
- c. Service obligation - You are to be or were discharged before completing a TA-related service obligation.
- d. Other (please specify)

**6. SUPPORTING INFORMATION** (Please answer all that apply & attach supporting documentation.)

a. On what date did you register for the class?		
b. Did you register more than two weeks prior to start of class?	Yes:	No:
c. Were you aware TA applications must be received by the CG Institute at least 14 calendar days prior to start date of course?	Yes:	No:
d. What date did you receive notification of circumstances that would prevent you from either a) submitting your TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) successfully completing the course?		
e. If applicable, did you contact the school and attempt to withdraw from the course?	Yes:	No:
f. If applicable, were you able to withdraw from the course? <div style="text-align: right; padding-right: 20px;">If yes, when?</div> <div style="text-align: right; padding-right: 20px;">If yes, what was the effective date of your withdrawal?</div> <div style="text-align: right; padding-right: 20px;">When was the final date to drop the course?</div>	Yes:	No:
g. Did you notify your ESO of the circumstances that would prevent you from either a) submitting your TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) successfully complete the course?	Yes:	No:
	If yes, when?	

**7. NARRATIVE.** (Explain in your own words and to the best of your knowledge, as clearly and concisely as you can, what happened. Include pertinent facts that support your reason for being unable to either a) submit your TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) successfully complete the course? Attach additional sheet if necessary.)

**8. ENCLOSURE CHECKLIST.** (You are required to provide electronic documentation that will support your waiver request and help answer any questions Coast Guard Institute personnel may have about your situation. Failure to attach relevant items may result in the return of the application without action.)

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|---|--------------------|
| a. Original TA application form.                              | Check if attached: |
| b. Breakdown of costs from the college (tuition and fees).    | Check if attached: |
| c. Copy of course registration including date.                | Check if attached: |
| d. Copy of TDY orders/claim.                                  | Check if attached: |
| e. Medical officer's documentation.                           | Check if attached: |
| f. Red Cross verification of a death in the immediate family. | Check if attached: |
| e. Other (please specify)                                     | Check if attached: |

**9. APPLICANT SIGNATURE.** I certify that the information on this form is true and correct to the best of my knowledge. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both. (18USC.287&1001-31USC.3729)

a. Signature (Digital signature required. See 4147-a Job Aide for instructions.)		b. Date
c. Printed Name:	d. Email:	e. Phone:

**10. COMMAND ENDORSEMENT** (small, medium unit (<150) - CO/OIC; large unit - appropriate delegated authority)

a. Command Information		
1. Did the member have prior knowledge of the circumstances that prevented him/her from either a) submitting the TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) successfully completing the course?	Yes:	No:
2. Did the member take all possible action to a) submit the TA application to the CG Institute at least 14 calendar days prior to start date of course; or b) successfully complete the course?	Yes:	No:
b. Approval/Disapproval (Select one)		
1. I recommend approval of this waiver or repayment as indicated in Block 4. (Provide justification in section d.)		
2. I do not recommend approval of this waiver or repayment as indicated in Block 4.		
c. Complete only if disapproved in item (b) (Select one)		
1. I recommend reduced payment schedule based on the applicant's specific circumstances.		
2. I do not recommend reduced payment schedule.		
d. Brief description of basis for command's recommendations and any additional information the command considers necessary to justify recommendation. (Required for approval of TA Waiver.) (Attach additional sheet if necessary.)		
e. Signature: (Digital signature required. See 4147-a Job Aide for instructions.)		f. Date:
g. Command Rep's Printed Name:	h. Email:	i. Phone:

**11. ESO VALIDATION**

a. ESO Information. (For TA Waivers to be approved, ESO's must verify that application information is correct and complete.)		
a. I have verified that the information provided by the applicant is correct.	Yes:	
b. I have validated all course costs, registration dates and drop dates.	Yes:	
b. Approval/Disapproval (Select one)		
1. I recommend approval of this waiver or repayment as indicated in Block 4.		
2. I do not recommend approval of this waiver or repayment as indicated in Block 4.		
c. Signature: (Digital signature required. See 4147-a Job Aide for instructions.)		d. Date:
e. ESO's Printed Name:	f. Email:	g. Phone: