RC-23 INA Request for Tuition Application

Applicant Information							
Date Social Security Number							
	Last	First	Middle				
Address	Street	City	State Zip				
Employer	Facility	Agency					
Phone	Position Title Home Work						
			Major				
Degree	L BA/BSL	☐ MA/MS ☐ PhD/Other	Expected Date of Graduation				
Course Information							
Title of Course	<u> </u>	Prefix	Credit Hours Beginning & Ending Dates				
Title of Course	>	Prefix	Credit Hours Beginning & Ending Dates				
Title of Course	2	Prefix	Credit Hours Beginning & Ending Dates				
Title of Course	2	Prefix	Credit Hours Beginning & Ending Dates				
Semester Abov	ve Course(s) T	aken Spring 20	Summer 20 Fall 20				
Course Level		Undergraduate	Graduate PhD/Other				
Type of Program On Campus/Extension Correspondence Other*							
*If Other, please specify							
Are you working toward a degree? Is this course required for the degree?							
Is this a core course or an elective? Please check one							

Requested Amount

Course Tuition Percentage to be Paid Less the amount payable by outside entities (State Agency, Loan, Student Aid) Amount of Requested Tuition cost/semester hour	(80% or 100%)	I certify that I have indicated the correct amount to be reimbursed and that the information is complete and correct. I understand that the falsification of this information may result in denial of reimburs- ment and may result in disciplinary action being taken by your Agency.				
Amount Approved Signature Date	INA Coordinator	Employee Signature	Date			
Work Commitment Requirement I am applying for tuition funds. I understand that I must make a work commitment to the State to receive tuition funds. If I voluntarily leave State employment before completing the work commitment, the State may recover all or a prorated share of the amount paid. Employee Signature Date						
Review and Final Decision						
Has the employee requested ☐ Yes ☐ No INA Coordinator	Initial:	Date:	nbursement for these classes? ☐ Denied Reason for Denial			
Course Completion Review ☐ Official Evidence of Satisfactory Course Completion Received (Grades) ☐ Tuition funds of \$ was paid on ☐ Employee dropped course on or did not receive a satisfactory grade.						
Signature		Date	_			
Please submit to the following	_	3 Tuition Program ttle River Drive				

Glen Carbon, Illinois 62034 Attention: Jennifer Weedman

Please Retain a Copy for your records

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