

RC-23 INA Request for Tuition Application

Applicant Information

Date _____ Social Security Number _____

Name _____
Last First Middle

Address _____
Street City State Zip

Employer _____
Facility Agency

Phone _____ Position Title _____
Home Work

Educational Institution _____ Major _____

Degree BA/BS MA/MS PhD/Other Expected Date of Graduation _____

Course Information

Title of Course _____
Prefix Credit Hours Beginning & Ending Dates

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Semester Above Course(s) Taken 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 _____
 (80% or 100%)
 Less the amount payable
 by outside entities _____
 (State Agency, Loan, Student Aid)
 Amount of Requested _____
 Tuition cost/semester hour _____

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 reimbursement 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 and been approved for Agency Tuition Reimbursement for these classes?

Yes No Initial: _____ Date: _____

 INA Coordinator _____
 Date _____ Approved 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 address: RC-23 Tuition Program
 501 Stratton Office Building
 Springfield, Illinois 62706
 Attention: Jack Roither

Please Retain a Copy for your records records

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