

**OFFICE OF THE DEFENDER GENERAL
SUPPORT STAFF
TUITION APPLICATION FORM**

Return completed form to:
Office of the Defender General
6 Baldwin Street, 4th Floor
Montpelier, VT 05633-3301
Telephone: (802) 828-3168
FAX: (802) 828-3163

Type of payment: (Check one)
 Direct to Educational Institution
 Reimburse Employee

(Please type or print all information)

Employee Name _____

COURSE INFORMATION:

Course Name	Course #	# Credits	Start Date	End Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Course 1

Name of Educational Institution _____
Address of Institution _____

Course 2 (only complete the following if the information is different from Course 1)

Name of Educational Institution _____
Address of Institution _____

Is course job related? Yes No

Is course degree related? Yes No

Is course career related? Yes No

Is reimbursement being obtained from any other sources (i.e. grant, scholarship, GI Bill, etc., excluding loans)? Yes No

If yes, how much _____ Name of source(s)? _____

PAYMENT COVERS TUITION ONLY UP TO THE CONTRACTUAL AMOUNT.

Amount per credit – Course 1 – \$ _____ Total Tuition for Course 1 – \$ _____

Amount per credit – Course 2 – \$ _____ Total Tuition for Course 2 – \$ _____

Total Tuition Costs for both – \$ _____

This information is true and accurate to the best of my knowledge. I agree to all conditions of the program including repayment of all monies paid by the State within three months if the course(s) is not completed successfully.

Applicant Signature _____ Date _____

Signature of Tuition Reimbursement Coordinator _____ Date _____

Signature of Approval (Appointing Authority or Designee) _____ Date _____