ACADEMIC DEGREE & CERTIFICATION PROGRAM APPLICATION

B. Program Year ***(Mark (X) one)***

☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year ☐ 5th Year ☐ 6th Year ☐ 7th Year ☐ 8th Year

APPLICANT DATA

1. Applicant's Name (*Last, First, Middle Initial*)

2. Supervisor 's Name (*Last, First, Middle Initial*)

3. Organization Mailing Address (*Branch-Division/Office/Bureau/Agency*))

4. OfficeTelephone (*Include Area Code*)

5. Position Level ***(Mark (X) one)***

☐ Non-Supervisory ☐ Manager

☐ Supervisory ☐ Executive

6. Home Mailing Address

7. Home Phone (Optional)

8. Work Email Address

9. Position Title

10. Pay Plan

11. Series

12. Grade

13. Step

14. Type of Appointment

ACADEMIC DEGREE DATA

1a. Name and Mailing Address of Institution ***(No., Street, City, State, ZIP Code)***

1b. Location of Training Site - Online ☐

1c. Location of Training Site - Seat (☐

1d. Institution Telephone Number

1e. Institution E-mail Address

2a. Degree Title:

2b. Degree Level:

☐ Associates ☐ Bachelors ☐ Masters ☐ PhD

3. Major Feild:

4. Will you graduate this term? ☐ Yes ☐ No

5. Current Term? ☐ Quarter ☐ Semester

6. Is official curriculum attached? ☐ Yes ☐ No

7. Current Continued Service Agreement Expiration Date:

8. Explain how this degree applies to your current job and/or career goal with the Federal Government:

CERTIFICATION AND LICENSE DATA

1. Seeking the following: ☐ Certificate ☐ License

2. How many hours of training is required:

3. Total cost associated:

4. Explain how this coursework applies to your current job and/or career goal with the Federal Government:

I certify that I have read and understand the CLD Academic Degree and Certification Program, Policy and procedures. I am not eligible for another reimbursement plan or scholarship source and the information provided is correct.

Degree & License Applicant's Signature:

Date:

SUPERVISOR VERIFICATION

1. Does the coursework maintain and/or improve the skills required in the employee's current position or meet your requirement as an employer? ☐ Yes ☐ No

2. Does the coursework relate to the employee's current trade or business or add knowledge in carrying on their existing vocation? ☐ Yes ☐ No

3. Does the applicants existing education background satisfy the minimum educational requirements of their current job position? ☐ Yes ☐ No

Supervisor Comments

Approval: I support the above named employee's application for tuition reimbursement. (Mentor's Signature Not Required for Certification or License)

Mentor's Signature:

Supervisor 's Signature:

CLD Coordinator Signature:

CLD Officer Signature: