REQUEST FOR TUITION ASSISTANCE - ARMY CONTINUING EDUCATION SYSTEM For use of this form, see AR 621-5. The proponent agency is DCSPER CONTROL NUMBER											UMBER					
Data required by the Privacy Act of 1974 found on Continuation Sheet which must be completed once per fiscal year.																
1. APPLICAN	ΓDATA	Î	•				Î	•								
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A. NAME OF SCHOOL B. ADDRES						SS				Name: Phone:						
3. COURSE DA	ATA			-				•								
A. DEPT & NUMBER	B. TITLE		C. DAYS OF THE WEEK		. HOURS OF MEETING	E. COST PER HOUR	F. NUMBER OF CREDITS	G. FEES	H. TOTAL COST		I. DELVY MODE	J. PAID BY ARMY	K. PAID BY SOLDIER			
	. COURSE BEGINS M. COURSE ENDS N. CAP			PLIED AMT	O. TOTALS											
		M IS NOT VAL	ID FOR	PAYMENT.	YOU HAVE T		URE FROM YOU									
CONSENT TO RELEASE: I HAVE REVIEWED AND COMPLETED DA FORM 2171-E / CONTINUATION SHEET. BY SIGNING THIS FORM, I AGREE TO RELEASE PELL GRANT INFORMATION, GRADE REPORT, AND WITHDRAWAL INFORMATION TO THE SERVICING ARMY RESERVE EDUCATION OFFICE.						COMMANDER/REPRESENTATIVE CERTIFICATION: SOLDIER IS NOT FLAGGED IAW AR 600-8-2, PARA 1-12 AND PARA 1-13. ANTICIPATED DUTIES WILL PERMIT ATTENDANCE.										
A. SIGNATURE OF APPLICANT B. TELEPHONE NUMBERS Home: Work: Cell:						C. TYPED NAME (REPRESENTATIVE	. SIGNATURE OF COMMANDER OR NIT REPRESENTATIVE E. OFFICE TELEPHONE									
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C. ACCOUNTING	G CLASSIF	ICATION				D. INSTITUTION WILL MAIL INVOICE TO:										
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