

TUITION ASSISTANCE RE-CERTIFICATION SHEET

OSO OFFICE: \_\_\_\_\_

1. \_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE NAME (TYPE OR PRINT)
2. \_\_\_\_\_  
(SOCIAL SECURITY NUMBER) (DATE OF BIRTH) (AGE AT COMMISSIONING)
3. I am attending \_\_\_\_\_  
(COLLEGE OR UNIVERSITY)
4. My projected graduation date is: \_\_\_\_\_  
YYYY/MM/DD
5. My anticipated date of commissioning is: \_\_\_\_\_  
YYYY/MM/DD
6. My cumulative grade point average (GPA) is: \_\_\_\_\_
7. My GPA for my last semester/quarter was a \_\_\_\_\_ completed on  
\_\_\_\_\_  
YYYY/MM/DD
8. I am taking a course load of \_\_\_\_\_ credit hours for this current semester/quarter.
9. I am/am not currently on academic, disciplinary, moral or social probation.
10. I am requesting continued enrollment in the MCCTAP, and reimbursement of \_\_\_\_\_ for expenses incurred, attached are paid receipts.

\_\_\_\_\_  
TYPE FULL NAME OF MEMBER\_\_\_\_\_  
MEMBER'S SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
TYPE FULL NAME OF CERTIFYING OFFICER\_\_\_\_\_  
CERTIFYING OFFICER SIGNATURE