



UNITED STATES MARINE CORPS

Marine Corps Community Services
1401 West Road (Attn: NAFF)
Camp Lejeune, NC 28547-2539

PROFESSIONAL DEVELOPMENT EDUCATION PROGRAM
Authorization for Enrollment

Employee/Student Name: _____
Last Name First Name

Employee # _____ E-mail Address _____ Work phone # _____

Division _____ Location _____

The following must be completed in full by student

Educational Institution _____

Full Address _____

Name of Course _____ Course # _____ # Credits _____

Dates of Course: From _____ 20____ To _____ 20____

This course must be job-related. Please explain how this course benefits our organization, Marine Corps Community Services, Camp Lejeune: _____

(Please submit additional justification on separate sheets of paper, if necessary.)

The following must signed/approved by immediate Supervisor and Division Director.

Supervisor's Signature _____ Date _____

Supervisor's Printed Name _____

Director's Signature _____ Date _____

Director's Printed Name _____

MCCS Worksheet	
Tuition Fee	_____
Text Book Fee	_____
Total	= _____
Divided by 50%	= _____
Amount authorized to pay = \$	_____

Authorized payment to Educational Institute:	
Tuition Fee:	\$ _____
Text Book Fee	\$ _____
Total \$	_____
Fed Tax Exempt #56-1633023.	
MCCS does not pay taxes	

Terms of Agreement

Initial all blanks

Continuing Employment Commitments: If the total cost of the class and book(s) are

- Less than \$250, commitment is 90 days' employment after course ends.
- Exceeds \$250, commitment is 180 days' employment after course ends.
- If enrolled in a graduate program, commitment is one year of employment after course ends.

Upon successful completion of course, I will remain employed by Marine Corps Community Services, Camp Lejeune for at least _____ days beginning _____ and ending _____. If I fail to meet this employment obligation, I understand that I must repay Marine Corps Community Services, Camp Lejeune the amount of assistance paid on my behalf.

Marine Corps Community Services, Camp Lejeune will pay 50% of tuition and books for one class per semester/term/quarter/etc., up to a maximum of five classes in one calendar year.

If I receive a grade lower than "C", I agree to repay Marine Corps Community Services, Camp Lejeune the total amount paid for tuition, books, etc. prior to enrollment in future courses/classes.

I must submit my transcript/grades/completion of class certification to the Professional Development Education Program Coordinator no later than thirty (30) days after completion of the semester/term/course. If I fail to do this, I must repay the amount of assistance and may become ineligible to participate in the Professional Development Education Program.

I understand that I cannot receive financial assistance from Marine Corps Community Services, Camp Lejeune if eligible to receive educational/financial benefits from other sources (e.g., Pell, Scholarships, Grants, etc.) and understand that I cannot receive more than 100% payment for my class/course.

I acknowledge that this agreement does not commit Marine Corps Community Services, Camp Lejeune to continue my employment.

I understand that any amount which may be due to Marine Corps Community Services, Camp Lejeune resulting from my failure to meet any of the terms of this agreement, may be recovered by such methods as approved by law, including pay checkage.

I am aware of the provision of the Privacy Act of 1975 at Title 5 U.S. Code, and the personal nature of the information requested above. I hereby authorize the release of this information directly to the requestor and to such other officers and persons having a need to know in the discharge of their official duties.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF AGREEMENT.

I certify that all of the above statements by me are true, complete and correct to the best of my knowledge. False information may be grounds for disciplinary action, up to and including termination.

Signature of Employee _____ Date _____

Signature of Program Coordinator _____

Signature of Director, Human Resources Division _____ Date _____

Fax: 1-910-451-6779 Telephone: 1-910-451-3137

Email: Bruggemanc@usmc-mccs.org

This section to be completed by HR ONLY

Type of Course: CLDP CEP USP GSP Other _____

Number of classes/courses taken YTD including this one: _____