



Student Name _____

Term/Year _____

Requested Courses

Course Name	Credit Hours	CCAF Approved? (Yes/No)

Has student been approved for Tuition Assistance?

- ☐ Yes
☐ No

Please note that per DoD MOU, CCTC will only enroll prospective students after TA is approved by the individual's Service.

Signature

Student Signature

Date

Education Counselor

Date