OMB Approved No. 2900-0171 Respondent Burden: 30 minutes

\(\) Departm	APPL	APPLICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE								
1. NAME OF APPLICANT A. FIRST NAME B. M.I. C. LAST NAME										
2. NAME OF VETERAN (If other than applicant) A. FIF	 RST NAME		B. M.I.	C, LAST NAMI				Ш		Ш
3. MAILING ADDRES A. NUMBER AND S	4A.VA FILE NUMBER									
B. APARTMENT O	BOX NUI	MBER								
C. CITY OR POST OFFICE 5. SEX 6. DATE OF BIRTH FEMALE									YEAR	
7. NAME OF YOUR (COURSEC	OR CURRICULUM	8. CREDIT (OR CLOCK HOU	R LOAD		FINAL EDUCATI VOCATIONAL G		OFESSIO	NAL, OR
10. UNIT SUBJECT OR SUBJECTS IN WHICH YOU REQUIRE INDIVIDUALIZED TUTORING 11. NAME, POSITION AND ADDRESS OF TUTOR									OR	
12. SCHEDULE AND CHARGES FO A. MONTH AND B. EXACT DATES C. NUM								DED C	TOTAL	CHARGES
A. MONTH AND B. EXACT DATES YEAR OF SESSIONS			C. NUMBER OF HOURS OF INSTRUCTION THIS MONTH			D. CHARGE PER HOUR			MONTH	
		9								
		F. TOTAL PAYMENT DUE								
13A. SIGNATURE O	13B. DATE SIGNED 13C. E-MAIL ADDRESS OF APPLICANT									
I CERTIFY THAT: (1) I gave the applicant individualized tutorial assistance as shown above; (2) the charges to the applicant shown above are correct; and (3) I am not a close relative (i.e., spouse, parent, child, brother, sister) of the applicant.										
14A. SIGNATURE OF			14B. DATE SIGNED							
I CERTIFY THAT: (1) The individualized tutorial assistance for the unit subject or subjects shown was required for the satisfactory pursuit of the student's approved program; (2) the tutor is qualified to conduct individualized tutorial assistance; and (3) the charges do not exceed the customary charges for other students who receive the same tutorial assistance.										
15. NAME AND ADDRESS OF EDUCATIONAL INSTITUTION						16. INDICATE TYPE OF SCHOOL				
						FOUR-YEAR TWO-YEAR OTHER THAN COLLEGE COLLEGE				
17A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL						17B. DATE SIGNED				
Additional Certification required to receive tutorial assistance under the Post-9/11 GI Bill (chapter 33) I CERTIFY THAT: (1) Tutorial assistance benefits are essential to correct a deficiency of this student in the course and; (2) that the course is required as part of, or is prerequisite or indispensable to the satisfactory pursuit of, an approved program of education.										
18A. SIGNATURE OF PROFESSOR OR INSTRUCTOR						18B. DATE SIGNED				
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a materi knowing it to be false.										erial fact,
			FO	R VA USE O	NLY					
APPROVAL DATE	SIGNATUI	RE OF ADJUDICATOR	SIGNATURE OF FINANCE OFFICEF			R (or designee)			STATION NUMBER	