REQUEST FOR TA RECOUPMENT WAVIER - WITHDRAWAL FOR MILITARY (WM) REASONS For use of this form, see AR 621-5; the proponent agency is DCS, G-1.							
		DATA REQI	UIRED BY THE PRIVACY	ACT OF	1974		
AUTHORITY: PRINCIPAL PURPOSE:	10 USC 2007: Payment of Tuition for Off-Duty Training or Educations; AR 621-5, Army Continuing Education System. To request a waiver of Army Tuition Assistance (TA) recoupment for non-completion or failure of a TA-funded class due to UNANTICIPATED/ UNEXPECTED reasons, such as emergency leave/reassignment, natural or man-made disaster, illness/hospitalization, or unforeseen military mission. For additional information see the System of Records Notice A0621-1-AHRC https://dpcld.defense.gov/Privacy/ SORNsIndex/DOD-wide-SORN-Article-View/Article/570092/a0621-1-ahrc.aspx.						
ROUTINE USES:	Information from this form will be viewed by Army Continuing Education System personnel or educational institutions who have a need for it in the performance of their duties. In addition, this form is subject to proper and necessary routine uses identified in the system of records notice(s) specified in the principal purpose statement above.						
DISCLOSURE:	Voluntary; however, fai Assistance (TA) recoup	oment.	n may result in a delay or			st for waiver of Army	Tuition
1 001 0150 114	NAS (I and Sinch Adl)	REQU	ESTING SOLDIER INFO			la 0-4E41D	
1. SOLDIER NAME (Last, First, MI)				2. RAN		3. GoArmyEd ID	
4. SOLDIER SIGNATURE					5. DATE (YYYYMMDD)		
		·	COURSES REQUESTE	D			
6 a. SCHOOL NAME		b. COURSE NUMBER	C COURSE IIII E		d. START DATE	e. END DATE	f. TA COST
			100				
g. TA TOTAL COST:							
		· · · · · · · · · · · · · · · · · · ·	JUSTIFICATION				
7. Provide justif necessary):	ication to support this re	coupment waiver reques	t (include relevant details	and start	/end dates of each e	vent; use additional s	heets, if
8. List substantiating documentation attached to this form or uploaded to the Soldier's GoArmyEd eFile:							
		COM	IMANDER'S RECOMMEN	IDATION	l		
9. I recommend	approval of this TA Rec	coupment Waiver	YES NO If no, e	explain:			
a. NAME (Last, First, MI) b. RANK/BRANCH c. TITLE							
d. EMAIL						e. PHONE NUMBER	
f. SIGNATURE			g. DATE (YYYYMMDD)) h. U	JNIT (Unit, Installatio	n, State, ZIP Code)	