

**REQUEST FOR TA RECOUPMENT WAIVER - WITHDRAWAL FOR MILITARY (WM) REASONS**

For use of this form, see AR 621-5; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 2007; Payment of Tuition for Off-Duty Training or Educations; AR 621-5, Army Continuing Education System.

**PRINCIPAL PURPOSE:** 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, failure to provide information may result in a delay or error in processing the request for waiver of Army Tuition Assistance (TA) recoupment.

**REQUESTING SOLDIER INFORMATION**

1. SOLDIER NAME (Last, First, MI)	2. RANK	3. GoArmyEd ID
4. SOLDIER SIGNATURE		5. DATE (YYYYMMDD)

**COURSES REQUESTED**

6 a. SCHOOL NAME	b. COURSE NUMBER	c. COURSE TITLE	d. START DATE	e. END DATE	f. TA COST

g. TA TOTAL COST: \_\_\_\_\_

**JUSTIFICATION**

7. Provide justification to support this recoupment waiver request (include relevant details and start/end dates of each event; use additional sheets, if necessary):

8. List substantiating documentation attached to this form or uploaded to the Soldier's GoArmyEd eFile:

**COMMANDER'S RECOMMENDATION**9. I recommend approval of this TA Recoupment Waiver  YES  NO If no, explain:

a. NAME (Last, First, MI)	b. RANK/BRANCH	c. TITLE
d. EMAIL		e. PHONE NUMBER
f. SIGNATURE	g. DATE (YYYYMMDD)	h. UNIT (Unit, Installation, State, ZIP Code)