

RESERVE COMPONENT and COAST GUARD CREDIT-BY-EXAMINATION PROGRAM REIMBURSEMENT FORM

SECTION I: APPLICANT INFORMATION

SECTION III: TEST INFORMATION

1. Name: (Last, First, M.I.)
DOE, JOHN A.

2. Mailing Address: (Print)
100 Main Street
Apt. # 3
Anytown, MA 01000-0000
Zip Code _____ - _____

3. Phone: DSN CML (555) **123 - 4567**

4. Rank: **SGT** 5. SSN: **000-00-0000**

6. DOB: **07/15/73** 7. Unit: **Co A 105thIN**

1. Test taken (mark only one):
 CLEP DSST Regents College

2. Date administered: (MM/DD/YY) **01/15/02**

3. Tested at:
College **Cape Cod C.C.** or Sylvan Technology Center
City: **W. Barnstable** State: **MA**

4. Test Title: **ENGLISH COMPOSITION**

5. Test Fee: \$ **46.00**
Registration Fee, if any: \$ **20.00**

8. If National Guard/Reserve (choose one):
Guard Army Air Guard
Reserve Army Air Force

9. If Coast Guard (choose one):
 Active Duty Reserve

10. If Civilian (choose one from each column):

<input type="radio"/> Spouse	<input type="radio"/> Army Guard
<input type="radio"/> Civilian Employee	<input type="radio"/> Air Guard
	<input type="radio"/> Army Reserve
	<input type="radio"/> Air Force Reserve
	<input type="radio"/> Coast Guard

SECTION IV: CERTIFICATION

Application Certification

I certify that the information provided on this form is correct.

Signature: **SIGN HERE**

Official

I am the Education Services Officer, Education Services Specialist, or Army National Guard Institute representative authorized to certify the applicant's eligibility for reimbursement of the Credit-by-Examination test and registration fee, if any.

SECTION II: REIMBURSEMENT PROCEDURES

Name: **LEAVE BLANK** Date: **LEAVE BLANK**

Signature: **LEAVE BLANK**

Phone: DSN CML () _____ - _____

Address:
MA ARNG
EDUCATION OFFICE
50 MAPLE STREET
MILFORD, MA 01757-3604

1. Upon receipt of the test score, submit the following documents for reimbursement:

- Completed Reimbursement Form
- Completed Direct Deposit Form
- Copy of official score report
- Receipt for test fees
- Registration fee, if any

2. Mail these documents to:

MA ARNG
EDUCATION OFFICE
50 MAPLE STREET
MILFORD, MA 01757-3604

IMPORTANT:
Read the *Privacy Act Statement*
on the reverse side of this form.