

REQUEST FOR TUITION ASSISTANCE - EDUCATION SERVICES PROGRAM MA

LAST NAME - FIRST NAME - MIDDLE INITIAL MOLIRAVIEFF - APOSTOL, N.	GRADE SSGT	DATE COMPL/WITHDREW COURSE
ORGANIZATION 601 CES	DUTY PHONE 5123	SSAN. 048-42-6319

NAME OF SCHOOL City Colleges of Chicago	LOCATION OF COURSE(S) Wiesbaden	TYPE OF STUDY <input checked="" type="checkbox"/> TECHNICAL OCCUPATIONAL <input checked="" type="checkbox"/> COLLEGE-UNDERGRADUATE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE-GRADUATE
---	---	---

NUMBER AND TITLE OF COURSE	CREDIT HOURS	DAYS OF WEEK	HOURS OF MEETING	INCLUSIVE DATES
INTRODUCTION TO BUSINESS III	3	S	0900-1200	8 SEPT - 8 NOV

TUITION FEE PER HOUR: SEMESTER \$ 25.00	TUITION ASSISTANCE REQUESTED QUARTER \$ 75.00 \$ 56.25	TUITION COST TO STUDENT \$ 18.75
---	--	--

CONDITIONS AND CERTIFICATIONS

1. I understand that, while I am participating in the Education Services Program, the Air Force may pay not more than 75% of my tuition or fees in lieu of tuition. I understand that I am personally responsible for the remainder of the tuition or fees in lieu of tuition as well as for any other costs (matriculation, graduation, laboratory fees, textbooks, supplies, etc).
2. I am eligible for tuition assistance under Rule 1, Table 3-1, AFM 213-1, and accept the service commitment, if applicable. I understand that a copy of this request, if approved, will be entered in my personnel records and that any applicable service commitment may not be waived by reimbursement of tuition assistance after completion of the course.
3. I agree that should I fail to complete the above course(s) because of reasons within my control, I will reimburse the Air Force for the amount of tuition or fees in lieu of tuition paid in my behalf. I hereby voluntarily authorize the stoppage of my pay for this amount if it is determined that my failure to complete the course(s) was not due to circumstances beyond my control.
4. I agree that upon completion of a degree or each increment of 15 semester hours (or quarter hour equivalent), I will report my achievement to my military records custodian for entry in AF Form 7 or 11 in accordance with AFM 35-9 or AFM 35-12. This will also include any accredited college level work completed prior to my request for tuition assistance.
5. I understand that Department of Defense Directive 1332.7 prohibits the granting of tuition assistance for the same courses or programs of study in which educational allowances under the Veterans Administration are used. I will not claim such VA allowance for courses covered in this application.
6. I acknowledge that my acceptance of this tuition assistance will be construed as authority for release of academic information from the schools records, relative to the above courses.

DATE 30 August 1973	SIGNATURE OF APPLICANT <i>Nicholas Moliravieff - Apostol</i>
-------------------------------	---

APPROVAL BY APPLICANT'S SUPERVISOR
(Officer, civilian of equivalent grade, WO, NCO (E7, E8, E9))

RECOMMEND APPROVAL DISAPPROVAL. PARTICIPATION IN THIS OFF-DUTY STUDY WILL WILL NOT, ADVERSELY AFFECT PERFORMANCE OF DUTY. DUTY SCHEDULE OR REQUIREMENTS WILL WILL NOT, PERMIT REGULAR ATTENDANCE AT THE COURSE(S) AS SCHEDULED ABOVE.

DATE 30 August 73	SIGNATURE OF SUPERVISOR, GRADE AND TITLE <i>CR [Signature] 401 Chief AM Div</i>
-----------------------------	--

APPROVAL BY EDUCATION SERVICES OFFICER

APPROVED. This applicant has been counseled and is considered qualified for the course(s). Each course indicated above qualifies, for this applicant, under the appropriate criteria of AFM 213-1. The applicant's individual eligibility is based on his certification above. Approved funds are available for the requested tuition assistance.

DISAPPROVED. Reason for disapproval has been explained to the applicant.

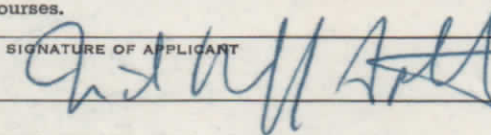
DATE 30 August 73	SIGNATURE OF EDUCATION SERVICES OFFICER <i>Jerry P. [Signature]</i>
-----------------------------	--

REQUEST FOR TUITION ASSISTANCE - EDUCATION SERVICES PROGRAM

LAST NAME - FIRST NAME - MIDDLE INITIAL MOURAVIEFF-APOSTOL, NICHOLAS		GRADE SSGT	DATE COMPL/WITHDREW COURSE	
ORGANIZATION 7101 CES APO 09332		DUTY PHONE 5123/5012	SSAN. 048426319	
NAME OF SCHOOL City Colleges of Chicago	LOCATION OF COURSE(S) Wiesbaden	TYPE OF STUDY <input checked="" type="checkbox"/> TECHNICAL OCCUPATIONAL <input checked="" type="checkbox"/> COLLEGE-UNDERGRADUATE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE-GRADUATE		
NUMBER AND TITLE OF COURSE	CREDIT HOURS	DAYS OF WEEK	HOURS OF MEETING	INCLUSIVE DATES
273 Principles Of Management	3	Tues/ Wed	1830 2130	7 Nov 72 2 Jan 72
TUITION FEE PER HOUR: SEMESTER \$ 75 QUARTER \$		TUITION ASSISTANCE REQUESTED \$ 56.25		TUITION COST TO STUDENT \$ 18.75

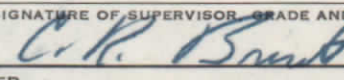
CONDITIONS AND CERTIFICATIONS

1. I understand that, while I am participating in the Education Services Program, the Air Force may pay not more than 75% of my tuition or fees in lieu of tuition. I understand that I am personally responsible for the remainder of the tuition or fees in lieu of tuition as well as for any other costs (matriculation, graduation, laboratory fees, textbooks, supplies, etc).
2. I am eligible for tuition assistance under Rule 1, Table 3-1, AFM 213-1, and accept the service commitment, if applicable. I understand that a copy of this request, if approved, will be entered in my personnel records and that any applicable service commitment may not be waived by reimbursement of tuition assistance after completion of the course.
3. I agree that should I fail to complete the above course(s) because of reasons within my control, I will reimburse the Air Force for the amount of tuition or fees in lieu of tuition paid in my behalf. I hereby voluntarily authorize the stoppage of my pay for this amount if it is determined that my failure to complete the course(s) was not due to circumstances beyond my control.
4. I agree that upon completion of a degree or each increment of 15 semester hours (or quarter hour equivalent), I will report my achievement to my military records custodian for entry in AF Form 7 or 11 in accordance with AFM 35-9 or AFM 35-12. This will also include any accredited college level work completed prior to my request for tuition assistance.
5. I understand that Department of Defense Directive 1332.7 prohibits the granting of tuition assistance for the same courses or programs of study in which educational allowances under the Veterans Administration are used. I will not claim such VA allowance for courses covered in this application.
6. I acknowledge that my acceptance of this tuition assistance will be construed as authority for release of academic information from the schools records, relative to the above courses.

DATE 7 NOVEMBER 1972	SIGNATURE OF APPLICANT 
--------------------------------	--

APPROVAL BY APPLICANT'S SUPERVISOR
(Officer, civilian of equivalent grade, WO, NCO (E7, E8, E9))

RECOMMEND APPROVAL DISAPPROVAL. PARTICIPATION IN THIS OFF-DUTY STUDY WILL WILL NOT, ADVERSELY AFFECT PERFORMANCE OF DUTY. DUTY SCHEDULE OR REQUIREMENTS WILL WILL NOT, PERMIT REGULAR ATTENDANCE AT THE COURSE(S) AS SCHEDULED ABOVE.

DATE 7 NOVEMBER 1972	SIGNATURE OF SUPERVISOR, GRADE AND TITLE  CHARLES K. BRESSETT, Lt Col, USAF CIC, Ops & Mater Day
--------------------------------	---

APPROVAL BY EDUCATION SERVICES OFFICER

APPROVED. This applicant has been counseled and is considered qualified for the course(s). Each course indicated above qualifies, for this applicant, under the appropriate criteria of AFM 213-1. The applicant's individual eligibility is based on his certification above. Approved funds are available for the requested tuition assistance.

DISAPPROVED. Reason for disapproval has been explained to the applicant.

DATE 17 NOV 72	SIGNATURE OF EDUCATION SERVICES OFFICER FOR: R. F.
--------------------------	--

REQUEST FOR TUITION ASSISTANCE - EDUCATION SERVICES PROGRAM

9/1

LAST NAME - FIRST NAME - MIDDLE INITIAL MOURAVIE FF - APOSTOL, Nicholas		GRADE SSGT	DATE COMPL/WITHDREW COURSE	
ORGANIZATION 7101 CES APO 09332		DUTY PHONE 5123	SSAN. 048426319	
NAME OF SCHOOL City Colleges of Chicago		LOCATION OF COURSE(S) Wiesbaden	TYPE OF STUDY <input checked="" type="checkbox"/> TECHNICAL OCCUPATIONAL <input checked="" type="checkbox"/> COLLEGE-UNDERGRADUATE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE-GRADUATE	
NUMBER AND TITLE OF COURSE	CREDIT HOURS	DAYS OF WEEK	HOURS OF MEETING	INCLUSIVE DATES
BUS 270 - Office Management	3	T & TH	6:30 9:30PM	5 Feb - 30 Mar 1973
TUITION FEE PER HOUR: 25.00		TUITION ASSISTANCE REQUESTED		TUITION COST TO STUDENT
SEMESTER \$ 75.00 QUARTER \$		\$ 56.25		\$ 18.75

CONDITIONS AND CERTIFICATIONS

1. I understand that, while I am participating in the Education Services Program, the Air Force may pay not more than 75% of my tuition or fees in lieu of tuition. I understand that I am personally responsible for the remainder of the tuition or fees in lieu of tuition as well as for any other costs (matriculation, graduation, laboratory fees, textbooks, supplies, etc).
2. I am eligible for tuition assistance under Rule , Table 3-1, AFM 213-1, and accept the service commitment, if applicable. I understand that a copy of this request, if approved, will be entered in my personnel records and that any applicable service commitment may not be waived by reimbursement of tuition assistance after completion of the course.
3. I agree that should I fail to complete the above course(s) because of reasons within my control, I will reimburse the Air Force for the amount of tuition or fees in lieu of tuition paid in my behalf. I hereby voluntarily authorize the stoppage of my pay for this amount if it is determined that my failure to complete the course(s) was not due to circumstances beyond my control.
4. I agree that upon completion of a degree or each increment of 15 semester hours (or quarter hour equivalent), I will report my achievement to my military records custodian for entry in AF Form 7 or 11 in accordance with AFM 35-9 or AFM 35-12. This will also include any accredited college level work completed prior to my request for tuition assistance.
5. I understand that Department of Defense Directive 1332.7 prohibits the granting of tuition assistance for the same courses or programs of study in which educational allowances under the Veterans Administration are used. I will not claim such VA allowance for courses covered in this application.
6. I acknowledge that my acceptance of this tuition assistance will be construed as authority for release of academic information from the schools records, relative to the above courses.

DATE 13 Feb 1973	SIGNATURE OF APPLICANT <i>Nicholas Mouravieff</i>
----------------------------	--

APPROVAL BY APPLICANT'S SUPERVISOR
(Officer, civilian of equivalent grade, WO, NCO (E7, E8, E9))

RECOMMEND APPROVAL DISAPPROVAL. PARTICIPATION IN THIS OFF-DUTY STUDY WILL WILL NOT, ADVERSELY AFFECT PERFORMANCE OF DUTY. DUTY SCHEDULE OR REQUIREMENTS WILL WILL NOT, PERMIT REGULAR ATTENDANCE AT THE COURSE(S) AS SCHEDULED ABOVE.

DATE 13 Feb 1973	SIGNATURE OF SUPERVISOR, GRADE AND TITLE <i>Henry [unclear] CMSGT NCOR 1JMB OEW Dir.</i>
----------------------------	---

APPROVAL BY EDUCATION SERVICES OFFICER

APPROVED. This applicant has been counseled and is considered qualified for the course(s). Each course indicated above qualifies, for this applicant, under the appropriate criteria of AFM 213-1. The applicant's individual eligibility is based on his certification above. Approved funds are available for the requested tuition assistance.

DISAPPROVED. Reason for disapproval has been explained to the applicant.

DATE 13 Feb 73	SIGNATURE OF EDUCATION SERVICES OFFICER <i>FOR 12 [unclear]</i>
--------------------------	--

REQUEST FOR TUITION ASSISTANCE - EDUCATION SERVICES PROGRAM

AR

LAST NAME - FIRST NAME - MIDDLE INITIAL MOURAVIEFF- APOSTOL, NICHOLAS		GRADE SSGT	DATE COMPL/WITHDREW COURSE	
ORGANIZATION 7101 CES		DUTY PHONE 5123	SSAN 048-42-6319	
NAME OF SCHOOL City College of Chicago	LOCATION OF COURSE(S) WIESBADEN	TYPE OF STUDY <input type="checkbox"/> TECHNICAL OCCUPATIONAL <input checked="" type="checkbox"/> COLLEGE-UNDERGRADUATE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE-GRADUATE		
NUMBER AND TITLE OF COURSE BUS 281 ADMINISTRATIVE PROCEDURES AND COMMUNICATIONS	CREDIT HOURS 3	DAYS OF WEEK T-TH	HOURS OF MEETING 1830-2130	INCLUSIVE DATES 17 April - 8 May 73
TUITION FEE PER HOUR: SEMESTER \$ 25.00 QUARTER \$		TUITION ASSISTANCE REQUESTED \$ 56.25		TUITION COST TO STUDENT \$ 18.75

CONDITIONS AND CERTIFICATIONS

1. I understand that, while I am participating in the Education Services Program, the Air Force may pay not more than 75% of my tuition or fees in lieu of tuition. I understand that I am personally responsible for the remainder of the tuition or fees in lieu of tuition as well as for any other costs (matriculation, graduation, laboratory fees, textbooks, supplies, etc.).
2. I am eligible for tuition assistance under Rule 1, Table 3-1, AFM 213-1, and accept the service commitment, if applicable. I understand that a copy of this request, if approved, will be entered in my personnel records and that any applicable service commitment may not be waived by reimbursement of tuition assistance after completion of the course.
3. I agree that should I fail to complete the above course(s) because of reasons within my control, I will reimburse the Air Force for the amount of tuition or fees in lieu of tuition paid in my behalf. I hereby voluntarily authorize the stoppage of my pay for this amount if it is determined that my failure to complete the course(s) was not due to circumstances beyond my control.
4. I agree that upon completion of a degree or each increment of 15 semester hours (or quarter hour equivalent), I will report my achievement to my military records custodian for entry in AF Form 7 or 11 in accordance with AFM 35-9 or AFM 35-12. This will also include any accredited college level work completed prior to my request for tuition assistance.
5. I understand that Department of Defense Directive 1332.7 prohibits the granting of tuition assistance for the same courses or programs of study in which educational allowances under the Veterans Administration are used. I will not claim such VA allowance for courses covered in this application.
6. I acknowledge that my acceptance of this tuition assistance will be construed as authority for release of academic information from the schools records, relative to the above courses.

DATE 16 April 73	SIGNATURE OF APPLICANT <i>Chick Muff Apostol</i>
----------------------------	---

APPROVAL BY APPLICANT'S SUPERVISOR
(Officer, civilian of equivalent grade, WO, NCO (E7, E8, E9))

RECOMMEND APPROVAL DISAPPROVAL. PARTICIPATION IN THIS OFF-DUTY STUDY WILL WILL NOT, ADVERSELY AFFECT PERFORMANCE OF DUTY. DUTY SCHEDULE OR REQUIREMENTS WILL WILL NOT, PERMIT REGULAR ATTENDANCE AT THE COURSE(S) AS SCHEDULED ABOVE.

DATE 16 Apr 73	SIGNATURE OF SUPERVISOR, GRADE AND TITLE <i>Robert Capt USAF Sq Com.</i>
--------------------------	---

APPROVAL BY EDUCATION SERVICES OFFICER

APPROVED. This applicant has been counseled and is considered qualified for the course(s). Each course indicated above qualifies, for this applicant, under the appropriate criteria of AFM 213-1. The applicant's individual eligibility is based on his certification above. Approved funds are available for the requested tuition assistance.

DISAPPROVED. Reason for disapproval has been explained to the applicant.

DATE 19 Apr 73	SIGNATURE OF EDUCATION SERVICES OFFICER <i>FOR [Signature]</i>
--------------------------	---

REQUEST FOR TUITION ASSISTANCE - EDUCATION SERVICES PROGRAM

LAST NAME - FIRST NAME - MIDDLE INITIAL MOURAVIEFF-APOSTOL, N.		GRADE SSGT	DATE COMPL/WITHDREW COURSE
ORGANIZATION 601 CES		DUTY PHONE 5123/5012	SSAN 048-42-6319
NAME OF SCHOOL City College of Chicago	LOCATION OF COURSE(S) WIESBADEN	TYPE OF STUDY <input checked="" type="checkbox"/> TECHNICAL OCCUPATIONAL <input checked="" type="checkbox"/> COLLEGE-UNDERGRADUATE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE-GRADUATE	

NUMBER AND TITLE OF COURSE	CREDIT HOURS	DAYS OF WEEK	HOURS OF MEETING	INCLUSIVE DATES
SOCIOLOGY 280	3	SAT	0830 1330	16 JUNE 4 AUG 73

TUITION FEE PER HOUR: SEMESTER \$ 25 QUARTER \$	TUITION ASSISTANCE REQUESTED \$ 56²⁵	TUITION COST TO STUDENT \$ 18²⁵
---	---	--

CONDITIONS AND CERTIFICATIONS

1. I understand that, while I am participating in the Education Services Program, the Air Force may pay not more than 75% of my tuition or fees in lieu of tuition. I understand that I am personally responsible for the remainder of the tuition or fees in lieu of tuition as well as for any other costs (matriculation, graduation, laboratory fees, textbooks, supplies, etc.).
2. I am eligible for tuition assistance under Rule 1, Table 3-1, AFM 213-1, and accept the service commitment, if applicable. I understand that a copy of this request, if approved, will be entered in my personnel records and that any applicable service commitment may not be waived by reimbursement of tuition assistance after completion of the course.
3. I agree that should I fail to complete the above course(s) because of reasons within my control, I will reimburse the Air Force for the amount of tuition or fees in lieu of tuition paid in my behalf. I hereby voluntarily authorize the stoppage of my pay for this amount if it is determined that my failure to complete the course(s) was not due to circumstances beyond my control.
4. I agree that upon completion of a degree or each increment of 15 semester hours (or quarter hour equivalent), I will report my achievement to my military records custodian for entry in AF Form 7 or 11 in accordance with AFM 35-9 or AFM 35-12. This will also include any accredited college level work completed prior to my request for tuition assistance.
5. I understand that Department of Defense Directive 1332.7 prohibits the granting of tuition assistance for the same courses or programs of study in which educational allowances under the Veterans Administration are used. I will not claim such VA allowance for courses covered in this application.
6. I acknowledge that my acceptance of this tuition assistance will be construed as authority for release of academic information from the schools records, relative to the above courses.

DATE 22 JUNE 1973	SIGNATURE OF APPLICANT <i>Chickie Buff Apostol</i>
-----------------------------	---

APPROVAL BY APPLICANT'S SUPERVISOR
(Officer, civilian of equivalent grade, WO, NCO (E7, E8, E9))

RECOMMEND APPROVAL DISAPPROVAL. PARTICIPATION IN THIS OFF-DUTY STUDY WILL WILL NOT, ADVERSELY AFFECT PERFORMANCE OF DUTY. DUTY SCHEDULE OR REQUIREMENTS WILL WILL NOT, PERMIT REGULAR ATTENDANCE AT THE COURSE(S) AS SCHEDULED ABOVE.

DATE 22 JUNE 1973	SIGNATURE OF SUPERVISOR, GRADE AND TITLE <i>CK Brentt 4c</i>
-----------------------------	---

APPROVAL BY EDUCATION SERVICES OFFICER

APPROVED. This applicant has been counseled and is considered qualified for the course(s). Each course indicated above qualifies, for this applicant, under the appropriate criteria of AFM 213-1. The applicant's individual eligibility is based on his certification above. Approved funds are available for the requested tuition assistance.

DISAPPROVED. Reason for disapproval has been explained to the applicant.

DATE 22 June 73	SIGNATURE OF EDUCATION SERVICES OFFICER <i>12. Fe...</i>
---------------------------	---