

# 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.) \_\_\_\_\_

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

2. Mailing Address: (Print)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

2. Date administered: (MM/DD/YY) \_\_\_\_\_

3. Tested at:  
 College \_\_\_\_\_ or Sylvan Technology Center  
 City: \_\_\_\_\_ State: \_\_\_\_\_

3. Phone:  DSN    CML (   ) \_\_\_\_\_ - \_\_\_\_\_

4. Test Title: \_\_\_\_\_

4. Rank: \_\_\_\_\_

5. SSN: \_\_\_\_\_

5. Test Fee: \$ \_\_\_\_\_  
 Registration Fee, if any: \$ \_\_\_\_\_

6. DOB: \_\_\_\_\_

7. Unit \_\_\_\_\_

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

## SECTION IV: CERTIFICATION

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

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

Signature: \_\_\_\_\_

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

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

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: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Phone:  DSN    CML (   ) \_\_\_\_\_ - \_\_\_\_\_

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

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.