

CIVILIAN MARINES

APPLICATION FOR THE ACADEMIC DEGREE PROGRAM (ADP) MARINE CORPS BASE QUANTICO

Full Name:

Last, First Mi

Command:

Job Title:

PP-SERS-GR

Email:

Phone:

Academic Degree Information:

What type of Academic Degree are you seeking? Associates Bachelors Masters PhD.

Current degree/s: Associates Bachelors Masters PhD.

Major Field:

Education Institution:

Accredited: <http://ope.ed.gov/accreditation/Search.aspx>

Expected Graduation Date:

Have you applied for or received a federal grant in the past? YES No

If Yes, Please explain

Have you heard of for the state of Virginia Grants and Scholarship Programs? YES No

Virginia State Financial Aid / Grant info: <http://www.schev.edu/students/financialAidState.asp>

Initials: _____

Certification and License Information:

What type of certification / License are you seeking?

Explain how this Certification, or License applies to your current position with the Federal Government: Provide Estimated Cost,

Institution name and time frame.

Continued Service Agreement:

1. I AGREE that, upon completion of the Government sponsored academic degree training described in this authorization, I will serve in the Department of Defense (DoD) three (3) times the length of the training period paid for by the Government. The length of training is the number of class hours, using the educational standard (1 credit hour = 15 class hours). The obligated period of service will begin upon completion of the degree, license, or certification program, or upon my withdrawal from the ADP if I chose not to complete the program requirements, I understand that if I transfer to another DoD organization, this agreement will remain in effect until I have completed my obligated service.
2. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item 1 above, I AGREE to reimburse the DoD for fees, such as the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. The amount to be reimbursed will be reduced on a pro rata basis for the percentage of completion of the obligated service.
3. I FURTHER AGREE that if I voluntarily leave DoD to enter the service of another Federal Agency or other organization in any branch of Government before the period of service agreed to in item 1 above, I will give my CLD Administrator written notice of at least ten working days during which time a determination will be made concerning reimbursement or transfer of the remaining service obligation to the gaining agency. If I fail to give this advance notice, I AGREE to reimburse the DoD under the same terms as item 2 above.
4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I understand that this agreement does not in any way commit the Government to continue my employment.
6. I understand that my CLD Administrator will determine the dates of my obligated service when I complete or withdraw from my approved ADP course of study, complete the worksheet on page 2 of this agreement, and fill in the period of obligated service on the SF-182 Continued Service Agreement form. I will sign that form and it will become part of my official personnel record.

How to Figure your Service Agreement: USE THIS FORMULA TO FILL OUT PAGE 5 OF YOUR SF182 REQUEST

The Government paid for: credit hours equating to training hours (1 credit

hour = 15 class hours) at a total cost of \$ under the HQMC ADP program. The last course

ended on The period of obligated service, per the terms described in this agreement, is calculated as follows.

Training hours x 3 = hours, divided by 40 hours = weeks.

Start and end dates of obligated service in the Department of Defense:

to:

SF 182:

Please use hyper link to fill out your SF 182 http://www.opm.gov/forms/pdf_fill/sf182.pdf

SF 182 example below.

Initials: _____

Additional Information:

Understand that:

It is expected that the majority of my degree coursework will be at times other than working hours. NO compensatory time, overtime or credit hours will be allowed for me to attend courses at a time other than my normal working hours, unless previously approved by my Commanding Officer.

I am responsible for delivering the approved SF 182, with third party billing instructions (if applicable), to the appropriate billing or financial aid office within my academic institution upon registration.

I will be responsible for payment if I submit an unapproved, unsigned SF 182 to my academic institution in lieu of payment. This constitutes an unauthorized commitment, and the Federal government is not under obligation to pay. Please reference the anti deficiency act

I am responsible for submitting a copy of an official grade report to my CLD Program Administrator within 30 days of the completion of the course, in order for a payment to be made. **Courses will not be paid for until coursework is completed, official grade report and all receipts are received by the CLD Program Administrator.**

If I do not receive a "Satisfactory" grade I will incur all expenses associated with that course. ***NO waivers*** will be granted.

"Satisfactory" grade is defined as receiving a final grade of at least a "C" (or numeric equivalent) for undergraduate study and at least a "B" (or numeric equivalent) for graduate study.

I am liable for all fees and expenses not specifically approved on the SF 182.

Final payment for courses should occur within 30 days after submission of official grade report and payment documentation. If payment is not received by the academic institution or me within 30 days, I must contact the CLD Program Administrator to ensure payment is made.

If you are receiving funding from Veterans Benefits Programs you are not eligible to receive ADP funds.

If you drop a course you must notify the CLD Administrator within immediately.

You must complete an IDP. (see CLD Package for details).

I understand that I am required to fill out an SF 182 for each course. below is an example on how to fill out an SF 182 properly.

I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

I understand that this agreement does not in any way commit the Government to continue my employment.

By my signature hereon, I acknowledge that I read, initialed each page, understand, and have complied with all requirements listed on these instructions.

Participants Signature:

Date:

Supervisor Signature:

Date:

CLD Program Administrator's Signature:

Date:
