



POST-APPROVAL TRP APPLICATION

CREATED JULY 2019

Department of Correction

INSTRUCTIONS: The completed Post-Approval TRP Application, detailed Bursar's statement, and copy of final grades must be submitted to TRP@idoc.in.gov no later than thirty (30) days after the end date of the course(s). Please refer to the Tuition Reimbursement Program (TRP) Executive Directive for additional information and email TRP@idoc.in.gov with questions.

Name (Last, First, Middle Initial)	Last four digits of Social Security Number
PeopleSoft Number (PSID)	State Vendor Number

STATE OF INDIANA ACCREDITED UNIVERSITY/COLLEGE

Name of the State of Indiana Accredited Institution attending:	Semester season (select one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Type of Degree (select one): <input type="checkbox"/> Doctorate <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Certificate	
Degree Major/Certificate Title:	

COURSE 1

Course number	Name of Course	Credit Hours
Date Course began	Date Course ended	Grade received

COURSE 2

Course number	Name of Course	Credit Hours
Date Course began	Date Course ended	Grade received

COST

Additional Fees Type/Description	Additional Fees Amount	Financial Aid Type/Description	Financial Aid Amounts
Tuition Fees	Total Additional Fees	Total Financial Aid	Total Cost (<i>Tuition Fees + Total Additional Fees – Total Financial Aid</i>)

CHECKLIST FOR POST-APPROVAL TRP PACKET

- Completed Post-Approval TRP Application
- Detailed/Itemized Bursar's Statement
- Course 1 grade documentation
- Course 2 grade documentation

CERTIFICATION

I acknowledge that I have read and fully understand all of the requirements and procedures that were stated in the Indiana Department of Correction Tuition Reimbursement Program Executive Directive and agree to adhere to them. All the information that I have disclosed above is correct and accurate. I hereby apply for participation in the Tuition Reimbursement Program covering the course(s) listed above.

Signature of Applicant	Date (MM/DD/YYYY)
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FOR TRP COMMITTEE USE ONLY

Post TRP App was due by:	Post TRP App submitted on:
Reimbursement amount received CY to date:	Approved reimbursement amount:
Reason(s) for denial if applicable:	
Signature of TRP Committee Member	Date (MM/DD/YYYY)
Eighteenth (18) month termination date:	Sent to Fiscal/Business Office for payment date: