



GOVERNMENT OF ST. LUCIA

TUITION REFUND APPLICATION FORM

PERSONAL INFORMATION

Full Name: _____
Last First Middle Name

Date of Birth: _____ (DD/MM/YYYY) NIS #: _____ Sex: Male Female

Home Address: _____
Apartment/House Number, Street Address Town/Village District

Mailing Address: _____
P.O. Box Number/Post Office Town/Village District

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

E-mail Address: _____

JOB INFORMATION

Staff ID: _____ Date of Entry into the Service: _____ (DD/MM/YYYY)

Current Position: _____ Date Appointed to Current Post: _____ (DD/MM/YYYY)

Grade: _____ Division/Section: _____

Ministry/Department: _____

Employment Status: Wages Permanent Temporary Cadet Contract

STUDY INFORMATION

Area of Study: _____

Level of Study: Master's Degree Bachelor's Degree Associate's Degree Diploma Certificate

Educational Institution: _____ Country: _____

Start Date of Study: _____ (DD/MM/YYYY) End Date of Study: _____ (DD/MM/YYYY)

Mode of Study: Distance Part-Time On-Line

This application form should have the following attached and should be submitted to your Ministry/Department.

- Letter of acceptance from educational institution
- Breakdown of costs for study (including books, registration fees, tuition fees, etc)
- Statement of Conduct & Work Ethics Form (to be completed by your immediate Supervisor/Head of Department)

_____ Date

_____ Signature of Applicant

FOR OFFICIAL USE ONLY

Approved

Not Approved

Cabinet Conclusion #: _____ Date of Conclusion: _____ (DD/MM/YYYY)

Eligible to be refunded for costs incurred from: _____

Date of Completion of Studies: _____ (DD/MM/YYYY)

Date of Application for Reimbursement: _____ (DD/MM/YYYY)

Amount Reimbursed: \$ _____ Date Reimbursed: _____ (DD/MM/YYYY)

Comments: _____

Processing Officer

Date