

**Federal Tuition Assistance (FTA) Request Form**

Must be Completed **Each** Semester

Semester \_\_\_\_\_, 20\_\_\_\_. Total credit hours Registered this semester \_\_\_\_\_

Name \_\_\_\_\_ UT Rocket Number R \_\_\_\_\_  
First MI Last

Degree Pursuing \_\_\_\_\_ SSN \_\_\_\_\_

Rocket Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Will apply for graduation this term Yes No I have submitted my Degree Audit Yes No

**Courses registered for this term**

Course Full Name Communication Principles and Practices

Course Name COMM Course Number 1010 Section 3 Digit Number CRN 5 Digit Number

Instructor Name Sally Smith  Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Please return to MSC by Email [MSC@UToledo.edu](mailto:MSC@UToledo.edu) along with Degree Audit prior to start of Semester

**Federal Tuition Assistance (FTA) Request Form**

Must be Completed Each Semester

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

Course Full Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Name \_\_\_\_\_ Apply FTA to this course

By signing below, I certify that all courses listed on my schedule will apply toward my degree either because they are required or will serve as electives. I will email the MSC [MSC@UToledo.edu](mailto:MSC@UToledo.edu) with any schedule changes that take place after submitting this form. In addition, I certify that all the information on this form is true and accurate to the best of my ability I authorize The University of Toledo to release any information pertaining to my school record to ArmyIgnitED as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**For Internal Military Service Center Use**

Student has active FTA account

Student has turned in Degree Audit

Student has applied for graduation

Please return to MSC by Email [MSC@UToledo.edu](mailto:MSC@UToledo.edu) along with Degree Audit prior to start of Semester