

**SELF-DEVELOPMENT TRAINING
STATEMENT OF UNDERSTANDING**

TRAINEE'S NAME:

SOCIAL SECURITY NUMBER:

ACTIVITY CODE:

PHONE NUMBER:

COURSE TITLE:

TRAINING SOURCE:

I understand that I must reimburse the government for books and tuition if I do not complete this course with a grade "C" or above.

I further understand that I must provide a copy of my grade report within 30 days after completion of the course to the **Training Department (N41), Human Resources Office, Bldg 1.** Email to Serge.Magloire@HROPENSACOLA.NAVY.MIL or fax to 452-2044.

Signature (Employee)

Date

THIS FORM MUST BE SIGNED AND ATTACHED TO ALL DD Form 1556s AUTHORIZING PAYMENT OF TUITION. (Recommendation to Training recipient: Keep a copy of this as a reminder of this requirement.)