

**OKOLONA FIRE DEPARTMENT
COLLEGE DEGREE PROGRAM REQUEST FORM**

Name of Member: _____ Date of this Request: _____

Degree Sought (Associate/Bachelor/Master): _____

Major: _____ Name of College/University: _____

What type of calendar does this institution use (Semester/Quarter): _____

Number of credits or quarter hours needed for degree: _____

What is the current cost per credit hour or quarter hour: _____

Anticipated Starting Date (Month/Year): _____

Graduating Date (Month/Year): _____

Describe why you believe that your enrollment in a College Degree Program will be of benefit to the fire district:

Please describe your plan for attaining the necessary credits for general education (such as English, History, etc.) as well as any general electives. (The desire is to minimize the cost to the district by taking such classes at local community colleges.):

By submitting this request, I understand and accept the following conditions:

1. I understand my attending college classes paid for by the fire district is voluntary on my part and the fire district is not requiring my attendance as a condition of employment, and I do not expect compensation for attending classes that may be outside of my scheduled duty hours.
2. I understand that once I begin my college degree program, the fire district expects me to complete the program. If I quit my college degree program before graduating, I agree to reimburse the fire district for the cost of my most recent class.
3. I understand that I must attend at least two semesters each year for semester based institutions or three quarters each year for quarter based institutions. The fire chief may excuse me for missing one semester/quarter, however if I wish to sit out any additional semesters/quarters I must obtain approval from the board of trustees, otherwise I agree to reimburse the fire district for the cost of my most recent class.
4. I understand that I must submit a copy of my grade report to the training bureau upon receipt. I agree to reimburse the fire district for the cost of any class that I do not achieve a grade of "C", "B" or "A".
5. If I voluntarily terminate my fire district membership/employment within one year of my most recently completed class, I agree to reimburse the fire district for the costs of my most two recent classes.

Signed: _____

The Curriculum Page (last page) must be completed

Training Bureau Action:

Recommend: Approval Disapproval

Comments:

Signed: _____

Date: _____

Chief's Action:

Place on Trustee Agenda for Meeting Date: _____

Trustee Action:

 Approval Disapproval

Comments:

Once the board of trustees has approved a member's College Degree Program request, each class need not be presented to the board for its approval.

