

**HQMC ACADEMIC DEGREE PROGRAM (ADP)  
PARTICIPANT ACKNOWLEDGEMENT**

I, \_\_\_\_\_, certify that I have read the HQMC ADP Handbook, and I understand and agree to the procedures and conditions it contains.

By initialing each of the following, I understand that:

\_\_\_\_\_ I am to submit my SF182 for approval in a timely manner, 30 days prior to the start of the course(s) I intend to take.

\_\_\_\_\_ I am responsible for delivering the approved SF-182, with third party billing instructions (if applicable), to the appropriate billing office within my academic institution upon registration. If my institution does not accept third party billing, I will pay the tuition as required and request that my institution reimburse me or credit my account once they receive payment from the Government.

\_\_\_\_\_ I will be responsible for payment if I submit an unapproved, unsigned SF-182 to my academic institution in lieu of payment. I understand this constitutes an unauthorized commitment, and the Federal government is not under obligation to pay.

\_\_\_\_\_ I will provide a copy of an official grade report to my CCLD Administrator **within** 30 days of the completion of each course. I understand that the Government cannot pay for the course until I provide the grade report.

\_\_\_\_\_ I understand that I am responsible for purchasing all course materials and books required for my class.

\_\_\_\_\_ If I do not receive a final grade of at least a "C" (or numeric equivalent) for undergraduate study OR at least a "B" (or numeric equivalent) for graduate study, I will incur all expenses associated with that course. I further understand that I am suspended from the program until the course is paid in full.

\_\_\_\_\_ I am liable for all fees and expenses not specifically approved on the SF-182.

\_\_\_\_\_ I will be responsible for payment if I do not follow the prescribed procedures for canceling an approved course or substituting another course for an approved course. I understand that I may be suspended from the program if I cancel an approved course near the end of the fiscal year, after the cutoff date to reallocate the funds to someone else.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**