

**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 the NETPDTC Work Force Development and Management Office (N832) with a copy of my grade report within 30 days after completion of the course.

Signature (Employee)

Date

**RETURN TO CODE N832, NETPDTC WORK FORCE DEVELOPMENT & MANAGEMENT
OFFICE, BUILDING 2435, NLT _____.**