CO-102 OSC Priority Log	TUITION PRIORITY LOG
AGENCY:	
AGENCY ADDRESS:	

BARGAINING UNIT: SEMESTER: FISCAL YEAR:

## PLEASE PRINT CLEARLY

Date Application Received	Employee Name	Employee Number	Amount Tentatively	Number of Credits	Name of Class or Course Number

N	ame	of

Approval Officer: Tele & Fax #:

**Contact person** 

If Different: Tele & Fax #:

Please return to: Office of the State Comptroller, Administrative Services Division Today's Date:

**Tuition Unit- Priority Log 165 Capitol Avenue** 

Hartford, CT 06106

(Fax number 860-702-3441) Faxing is preferred.