



COURSE APPLICATION

<u>EMPLOYEE ID #:</u> (Can be found on your LES)		<u>DATE OF BIRTH:</u> (Mo/Day): / /		<u>EMPLOYMENT DATE:</u> / /	
<u>LAST NAME:</u>		<u>FIRST NAME:</u>		<u>M. I.</u>	<u>RANK/GRADE:</u>
<u>TITLE:</u> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>	<u>SECTION:</u> SUPPORT <input type="checkbox"/> SEMPER FIT <input type="checkbox"/> MCFTB <input type="checkbox"/> MARINE & FAMILY SERVICES <input type="checkbox"/> BUSINESS OPERATIONS <input type="checkbox"/>				
Please print your name as you would like it to appear on your certificate.			<u>PREFERRED NAME/NICKNAME</u>		
<u>POSITION TITLE:</u>		<u>DUTY STATION:</u>		<u>BRANCH/DEPARTMENT:</u>	
<u>EDUCATION LEVEL:</u> (PLEASE CHECK HIGHEST COMPLETED LEVEL OF EDUCATION) HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE DEGREE <input type="checkbox"/>				<u>SUPERVISOR?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMM PHONE: _____		<u>WORK MAILING ADDRESS:</u>			
DSN PHONE: _____		BLDG NAME/#: _____			
FAX #: _____		STREET ADDRESS: _____			
E-MAIL: _____		CITY, STATE, ZIP: _____			
<u>PREVIOUS TRAINING:</u> (List pre-requisite classes you have taken for this course)					
<u>Explain how employee &/or command will benefit by his/her attendance:</u>					
<u>COURSE APPLYING FOR:</u>			<u>DATE & LOCATION:</u>		
<u>LODGING REQUIRED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			<u>ARRIVAL DATE:</u>		<u>DEPARTURE DATE:</u>
APPLICANT: PRINT NAME HERE			SUPERVISOR: PRINT NAME/TITLE		
<u>APPLICANT SIGNATURE & DATE:</u>			<u>SUPERVISOR SIGNATURE & DATE:</u>		

**** FOR OFFICIAL USE ONLY ****