



COURSE APPLICATION

EMPLOYEE ID #: (Can be found on your LES)		DATE OF BIRTH: (Mo/Day) : / /	EMPLOYMENT DATE: / /	RANK/GRADE:	SUPERVISOR? Yes <input type="checkbox"/> No <input type="checkbox"/>
TITLE: Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>	LAST NAME:	FIRST NAME:		M.I.	SECTION: FINANCE <input type="checkbox"/> SUPPORT <input type="checkbox"/> SEMPER FIT <input type="checkbox"/> MCFTB <input type="checkbox"/> M&FP <input type="checkbox"/> BUSINESS OPS <input type="checkbox"/> OTHER <input type="checkbox"/>
Please print your name as you would like it to appear on your certificate:			PREFERRED NAME/NICKNAME		
POSITION TITLE:	DUTY STATION:	BRANCH/DEPARTMENT:			
EDUCATION LEVEL: (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"/>					REFERRAL SRC: CATALOG <input type="checkbox"/> FLYER <input type="checkbox"/> INTRANET <input type="checkbox"/> FACEBOOK <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/>
COMM PHONE: _____	WORK MAILING ADDRESS:				
DSN PHONE: _____	BLDG NAME/#: _____				
FAX #: _____	STREET ADDRESS: _____				
E-MAIL: _____	CITY, STATE, ZIP: _____				
COURSE APPLYING FOR:			DATE & LOCATION:		
PREREQUISITES: List pre-requisite classes, certifications, or degree programs satisfied if the course being applied for has a set requirement. This information can be located within the course description.					
ARRIVAL DATE:	DEPARTURE DATE:	LODGING REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICANT SIGNATURE & DATE:		
SUPERVISOR TO COMPLETE BELOW FIELDS: What is the expected result of the employee attending this training?					
Explain how employee will transfer the learning to their job or department:					
How will the learning outcome be measured? (Observation, Pre/Post test etc.?)					
Who will report the outcome at 30 days?					
SUPERVISOR: PRINT NAME/TITLE			SUPERVISOR SIGNATURE & DATE:		

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