

# COURSE APPLICATION

<b>EMPLOYEE ID #:</b> (Can be found on your LES)		<b>DATE OF BIRTH:</b> (Mo/Day) :    /    /	<b>EMPLOYMENT DATE:</b> /    /	<b>RANK/GRADE:</b>	<b>SUPERVISOR?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TITLE:</b> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>	<b>LAST NAME:</b>	<b>FIRST NAME:</b>		<b>M.I.</b>	<b>SECTION:</b> 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:			<b>PREFERRED NAME/NICKNAME</b>		
<b>POSITION TITLE:</b>	<b>DUTY STATION:</b>	<b>BRANCH/DEPARTMENT:</b>			
<b>EDUCATION LEVEL:</b> (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"/>					<b>REFERRAL SRC:</b> CATALOG <input type="checkbox"/> FLYER <input type="checkbox"/> INTRANET <input type="checkbox"/> FACEBOOK <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/>
<b>COMM PHONE:</b> _____	<b>WORK MAILING ADDRESS:</b>				
<b>DSN PHONE:</b> _____	<b>BLDG NAME/#:</b> _____				
<b>FAX #:</b> _____	<b>STREET ADDRESS:</b> _____				
<b>E-MAIL:</b> _____	<b>CITY, STATE, ZIP:</b> _____				
<b>COURSE APPLYING FOR:</b>			<b>DATE &amp; LOCATION:</b>		
What is the expected result of the employee attending this training?					
<p><b>PREREQUISITES:</b> 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.</p>					
<b>ARRIVAL DATE:</b>	<b>DEPARTURE DATE:</b>	<b>LODGING REQUIRED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>APPLICANT SIGNATURE &amp; DATE:</b>		

<b>SUPERVISOR TO COMPLETE BELOW FIELDS:</b> 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?	
<b>SUPERVISOR: PRINT NAME/TITLE</b>	<b>SUPERVISOR SIGNATURE &amp; DATE:</b>