ACADEMIC DEGREE PLAN

Privacy Act Information. Authority: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). Purpose and Use: Used in the administration of the Federal Training program. Disclosure: Personal information provided in this application package is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Name	Career Program (Office Phone-Comm	ercial Of	ffice Phone-DSN			
Occupational title/series/grade	E-Mail Addre		Duty Locati				
Office Address		ONI-					
Office Address		SN:					
	C	OMMAND:					
Training Location:							
Name and address of School/Ins	titute to which applying	Initial Registration	n Date _	_ Full-time			
			- 	_ Part-time			
			-				
(INCLUDE ALL COURSES FOR DEGREE - use continuation sheet, if applicable)							
<u>Course Title</u> <u>Course</u>	se Dates Credi	it Hours	Tuition Cost	Book Cost			
1							
2							
3							
4							
5							
6							
7							
8							
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*I understand that course changes require prior approval by my supervisor to ensure that substitute courses are consistent with this plan.							
APPI ICANT SIGNATURE		DATE					

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(CONTINUATION SHEET FOR COURSES)							
Course Title	Course Dates	Credit Hours	Tuition Cost	Book Cost			
PRINT THIS PAGE BEFORE EXITING. IT WILL NOT BE SAVED							