APPLICATION FOR PROFESSIONAL MILITARY EDUCATION *(IN RESIDENCE)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and E.O. 9397.

PRINCIPAL PURPOSE: Information is needed to process AF Reservist requests for resident Professional Military Education and Reserve courses. Use of SSN is necessary to make positive identification of the individual and records. Used to determine the individual's eligibility for the requested course and subsequent service commitment.

ROUTINE USE: None.

DISCLOSURE IS VOLUNTARY: Failure to provide information other than SSN will preclude consideration for selection. Lack of SSN will not preclude, but may delay consideration or result in misidentification of applicant.

PART I - APPLICANT INFORMATION *(Please type or print legibly)*

NAME *(Last, First, MI)*	GRADE	SSN	DATE OF RANK

CURRENT ADDRESS	HOME PHONE
	BUSINESS PHONE
SERVICING AFD:	CIVILIAN OCCUPATION

SCHOOLS DESIRED:	Senior Service School *(SSS)* applicants will be considered for ALL Senior Service Schools. Please prioritize numerically 1 - 5 *(most preferred (1) to least preferred (5))*

	NATIONAL WAR COLLEGE *(SSS)*		INDUSTRIAL COLLEGE OF THE ARMED FORCES *(SSS)*		AIR WAR COLLEGE *(SSS)*
	NAVAL WAR COLLEGE *(SSS)*		ARMY WAR COLLEGE *(SSS)*		AIR COMMAND AND STAFF COLLEGE *(SSS)*
LIST THE TYPES OF POSITIONS AND CAREER FIELDS YOU DESIRE AFTER SCHOOL, i.e., ART, AGR, UNIT, IMA, COMMAND, OPERATIONS, LOGISTICS, ETC.					OTHER *(Specify)*

I CERTIFY THAT I HAVE PARTICIPATED SATISFACTORILY FOR THE LAST 5 YEARS, OR I HAVE ATTACHED JUSTIFICATION TO SUPPORT A WAIVER OF THIS REQUIREMENT. I AM AWARE OF, AND MEET THE ELIGIBILITY REQUIREMENTS FOR THE SCHOOLS(S).

SIGNATURE _____ DATE _____

PART II - RATER

1. I HAVE SUPERVISED THIS OFFICER FOR *(Length of Time)*.

2. I CONSIDER THIS OFFICER AN APPROPRIATE CANDIDATE FOR THE SCHOOL(S) DESIRED ☐ YES ☐ NO *(Comment's Optional)*:

3. THIS OFFICER HAS NOT BEEN DEFERRED FOR PROMOTION OR REMOVED FROM A PROMOTION LIST.

4. MEMBER MEETS WEIGHT STANDARDS *(IAW AFI 40-502)*

SIGNATURE	DATE
TYPED NAME AND GRADE	DUTY PHONE
DUTY TITLE	UNIT

PART III - AFRC/CV, SENIOR MA OR EQUIVALENT

1. I HAVE REVIEWED THIS APPLICATION AND I ☐ DO ☐ DO NOT SUPPORT THIS OFFICER'S ATTENDANCE AT THE SCHOOL(S) REQUESTED FOR THE FOLLOWING REASONS *(Comments Mandatory)*:

2. AFTER SCHOOL, I RECOMMEND HIM/HER FOR THE FOLLOWING ASSIGNMENT:

SIGNATURE	DATE
TYPED NAME AND GRADE	DUTY PHONE
DUTY TITLE	UNIT