

This is a web-optimized version of this form.

Download the original, full version:

[www.usa-federal-forms.com/download.html](http://www.usa-federal-forms.com/download.html)

Convert any form into fillable, savable:

[www.fillable.com](http://www.fillable.com)

Learn how to use fillable, savable forms:

Demos: [www.fillable.com/demos.html](http://www.fillable.com/demos.html)

Examples: [www.fillable.com/examples.html](http://www.fillable.com/examples.html)

Browse/search 10's of 1000's of U.S. federal forms converted into fillable, savable:

[www.usa-federal-forms.com](http://www.usa-federal-forms.com)

## APPLICATION FOR DEVELOPMENTAL EDUCATION IN - RESIDENCE (ENLISTED)

### PRIVACY ACT STATEMENT

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

*PRINCIPAL PURPOSE: Information is needed to process Air Force Reservist requests for resident Professional Military Education. Used to determine the individual's eligibility for the requested course and subsequent service commitment.*

*ROUTINE USE: No disclosures outside DOD.*

*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. Use of SSN is necessary to make positive identification of the individual and records.*

#### PART I. APPLICANT STATEMENT

1. TYPED NAME (Last, First, Middle Initial)	2. RANK	3. SSN
4. UNIT OF ASSIGNMENT/ATTACHMENT	5. HOME PHONE NUMBER	6. WORK PHONE NUMBER

SCHOOL DESIRED	<input type="checkbox"/> Airmen Leadership Schools (ALS)	<input type="checkbox"/> Non-Commissioned Officer Academy (NCOA)
	<input type="checkbox"/> Senior Non-Commissioned Officer Academy (SNCOA)	<input type="checkbox"/> Chief Leadership (CLC)

7. CLASS DATES DESIRED		
a. FIRST CHOICE	b. SECOND CHOICE	c. THIRD CHOICE

8. REASON FOR WANTING TO ATTEND
---------------------------------

9. APPLICANT'S SIGNATURE	10. DATE (YYYYMMDD)
--------------------------	---------------------

#### PART II. SUPERVISOR / RATER

*(Recommendation should address applicant's job performance, technical/professional competence, achievements, breadth of experience, leadership, and level/degree of responsibility.)*

11. SUPERVISOR/RATER COMMENTS (Required)
--

12. TELEPHONE NUMBER (Include DSN)	13. DATE (YYYYMMDD)
------------------------------------	---------------------

14. TYPED NAME, RANK, AND TITLE OF	15. SUPERVISOR'S SIGNATURE
------------------------------------	----------------------------