

# Army Correspondence Course Enrollment Application

For use of this form, see DA PAM350-59; The proponent agency is TRADOC.

DATE (YYYYMMDD)

## DATA REQUIRED BY THE PRIVACY ACT

**AUTHORITY:** 10USC3012(B) and (G).  
**PRINCIPALPURPOSE:** To obtain information necessary by Army schools to administer student participation in the Army Correspondence Course Program.  
**ROUTINEUSES:** Used by Army schools to obtain basic data needed to determine eligibility for enrollment, process applications, maintain student records, and perform all other administrative functions inherent in student administration.  
**DISCLOSURE:** Mandatory. Failure to provide this information could result in the applicant not being able to participate in the program.

*Submit one copy. See instructions on Back Page. Fill in All Blocks (Except Shaded Blocks which are for school use).*

1. Student SSN <input type="text"/>	2. Primary MOS/Duty MOS <input type="text"/>	3. CIV-SERIES <input type="text"/>	4. AOC Duty Position <input type="text"/>
5. ASI/SQI <input type="text"/>	6. Branch <input type="text"/>	7. DSN (Telephone) <input type="text"/>	8. Group Number <input type="text"/>
9. Rank/CivGrade <input type="text"/>	10. Component Code <input type="text"/>	11. RYE Date Month Day (Abbreviate) Year <input type="text"/>	12. School Grade <input type="text"/>
13. Enrollment Code <input type="text"/>	14. Phase <input type="text"/>	15. Course Number <input type="text"/>	16. Rep Qty <input type="text"/>
17. Unit Identification Code <input type="text"/>	18. Subcourse Exemption <input type="text"/>		

19. I REQUEST ENROLLMENT IN: (Course Title, MOS if applicable or subcourses desired).  
(Do not list individual subcourses if you are enrolling in a course).

NOTE: If you were previously enrolled in this course, indicate date of termination of enrollment.  
Are you currently enrolled in the ACCP? Yes No

20. To: (School address, including ZIP Code).

THRU: (Unit to which assigned).

21. Title of approving official

Unit Address Line 1 Unit Designation (May not be left blank)

Unit Address Line 2 P.O. Box or Street (May not be left blank)

Unit Address Line 3 City, Post or APO/FPO

STATE or AE/AP/AA

ZIP + 4

FROM: (Mailing address to which subcourses are to be sent).

22. Last Name

First Name

Middle Initial

Student Address Line 1 Unit Designation or P.O. Box or Street (May not be left blank)

Student Address Line 2 P.O. Box or Street (If not given on Student Address, Line 1)

Student Address Line 3 City, Post or APO/FP

STATE or AE/AP/AA ZIP + 4

23. **ARMY SCHOOL COURSES AND CORRESPONDENCE COURSES COMPLETED**

SCHOOL	TITLES OF RESIDENT OR NONRESIDENT COURSES OR INDIVIDUAL SUBCOURSES COMPLETED	DATES

*The Commander will verify the above from personnel records or soldier's individual records.*

24. I have reviewed DA PAM 350-59, and understand the eligibility requirements that I must maintain to sustain my enrollment in this course. I further understand that assistance is not authorized when completing subcourse test.

Signature of Applicant \_\_\_\_\_

25. I have reviewed the course objectives and prerequisite enrollment requirements in DA PAM 350-59 and determined the applicant is eligible for enrollment in this course.

Unit Cdr or other approving officer.  
Name (printed or typed) \_\_\_\_\_ Date (YYYYMMDD) \_\_\_\_\_

Signature \_\_\_\_\_

*DA PAM 350-59 contains information pertaining to enrollment qualifications, submission of application and courses available.*

**INSTRUCTIONS TO APPLICANT**

Complete by legibly printing only in areas that are not shaded. The shaded areas are used for data entry. Enter only one character per block (example below).

1. Student SSN

2	4	3	2	0	1	6								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

9. Rank/Civ Grade

S	G	T	M	A	J						
---	---	---	---	---	---	--	--	--	--	--	--

- ITEM 1. SSN: Foreign students must leave blank.
- ITEM 2. Student's PMOS (Primary MOS) and DMOS (Duty MOS). Enter numeric and alpha identifiers.
- ITEM 3. Civ-Series number (for example 1702).
- ITEM 4. AOC Area of Concentration or Duty Position. Submit information required to qualify for enrollment.
- ITEM 9. RANK: RA warrant officers and enlisted personnel who hold a reserve commission and are enrolling in officer career development courses must enroll in their reserve capacity.
- ITEM 10. Component Code: Student categories: Enter one of the following as appropriate:
 

02 Active Duty Officer	09 USAR ENL	15 FGN CIV	20 CADET
03 RA/AUS ENL	10 NGUS ENL	16 USAF	31 IRR (OFF)
06 RET MILITARY	12 NDCC/ROTC/JR	17 USN	32 IRR (ENL)
07 USZXR OFF/WO	13 FGN MIL	18 USCG	33 NAF (VOL)
08 NGI JS OFF/WO	14 U.S. CIV	19 USMC	
- ITEM 11. RYE Date (Retirement Year Ending Date): USAR and NG applicants not on active duty must enter the anniversary date of their retirement year ending day and month.

**Where to mail application:**

SCHOOL MAILING ADDRESS: Please check DA PAM 350-59 for appropriate address of school with whom you are seeking enrollment, e.g Academy of Health Science, The Judge Advocate General's School, Army Logistics Management College, or the Army Institute for Professional Development, etc.