

AFADL ENROLLMENT APPLICATION

(TYPE or PRINT clearly. Fillout in accordance with instructions in the AFADL Catalog.)

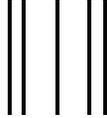
PRIVACY ACT STATEMENT

1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPAL PURPOSE: Used for individuals to provide information to AFADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFADL course enrollment. 4. DISCLOSURE: Voluntary. However, if information is not provided, enrollment cannot be accomplished.

1. AFADL COURSE NUMBER										2. SOCIAL SECURITY NUMBER										3. IDENTITY CODE? CATEGORY									
4. NAME (Last, First Middle Initial)										5. PAY GRADE										6. REASON FOR ENROLLMENT - CODES L <input type="checkbox"/> MANDATORY N <input type="checkbox"/> VOLUNTARY									
7. ADDRESS (OJT enrollee use address of Unit Training office)										8. TCO PHONE (DSN)										9. COURSE TITLE									
ZIP CODE										10. SIGNATURE AND TITLE OF APPROVING OFFICIAL										SIGNATURE									
11. ZIP CODE/SHRED OF TEST CONTROL FACILITY										TITLE																			

AFADL FORM 23, 20000609

Replaces ECI Form 23, 19950301, which will be used.



APPLY
POSTAGE
HERE

AR UNIVERSITY REGISTRAR
60 SHUMACHER AVENUE
MAXWELL AFB AL 36112-6337





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60 SHUMACHER AVENUE
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