DoD Funded Student Registration Form

All fields on this form must be completed – incomplete forms will be returned

CONTACT INFORMATION

Surname (Last): _____ Given (First): _____ Member Number: (If available) _____

Branch of Service: _____ MOS/AFSCO: (Military job code/pay rate) _____

Mailing Address – No PO Boxes

_____

Street

_____

City State/Province Zip/Postal Code Country

Business Phone: _____ Mobile Phone: _____

Military E-mail Address: _____

COURSE INFORMATION

Course Name: (Select a Course Type) _____ Course Code: _____

Course Location: _____ Course Dates: _____

BRANCH INFORMATION

Organization Name: _____

Organization Location: _____

SUPERVISOR INFORMATION

Surname (Last): _____ Given (First): _____

Rank: _____ Business Phone: _____

Military E-mail Address: _____

Please e-mail completed form to DoD@ampp.org