



Enlisted Professional Military Education Center Enrollment Form

*This form **MUST** be completed for all students prior to arrival.*

Mission: Hone Education Professionals in Personal & Practical Skills to
Develop the Enlisted Force
Vision: Invite, Invest, Influence, Inspire

STUDENT INFORMATION (PLEASE PRINT)

RANK	NAME (Last, First, MI, Suffix i.e. Jr, Sr, III)		AFSC(S) other than 8T000
DATE OF RANK	DUTY STATUS (Active Duty, Guard, Reserves)	BRANCH OF SERVICE	PROMOTING DURING CLASS (Circle One) YES NO
DATE OF BIRTH/AGE	GENDER (Circle One)	RACE	
Marital Status Divorced Single Married Widowed		Children (if yes, how many?)	Pets (if yes, how many?)
HIGHEST LEVEL OF EDUCATION (Circle One) High School Diploma Associate's CCAF Bachelor's Master's Doctorate		TEACHING EXPERIENCE Institution: Years of Experience: Level (i.e. High School, College):	
CONTACT INFORMATION Military Email Address: Personal Email Address: Cell Phone Number: Local Billeting Address (Bldg #/Room #/Phone #):		EMERGENCY CONTACT (Name, Address, Phone Number & Relationship to Student)	
Current Unit Assignment (unit, First Sergeant, DSN):			
Is Your Assignment A: (Circle One) PSC EN ROUTE PCS UPON RETURN PCA			
POSITION TO WHICH YOU ARE BEING ASSIGNED TO: (Circle One) ALS Instructor NCOA Instructor ALS & NCOA Instructor SNCOA Instructor Commandant (ALS, NCOA, SNCOA) Director of Education Resource Manager Curriculum Developer			
Name of the Schoolhouse You Will Be Assigned:			
Name of the Commandant:			
Commandant Email:			
Please answer the following: "What will you bring to the EPME environment for your students?"			