



Course Registration Form

PRIVACY ACT INFORMATION- This information is provided pursuant to Public Law 93-597(PA of 1974, 12/31/74, for individuals completing Federal records and forms that solicit personal information. **AUTHORITY:** Sections 1302, 3301, 3304 & 7201 of Title 5 of mandatory military record requirements in ATRRS. The following information is required by AR 340-21 Chapter 4.3. Completion of SSN is voluntary; however, failure to complete this will result in inaccurate records in ATRRS and Staff & Faculty databases, therefore not giving credit for courses completed.

Course Schedule (**CAC Required**)

Please complete ALL fields. Failure to do so will result in form incomplection.

Requested Course:

Requested Primary Course Date:

Primary Date: DDMMYYYY

Secondary Date: DDMMYY

Other Date: DDMMYY

Student Enrollment Information:

Last Name:

First Name:

Middle:

SSN:

Foreign Identification Number:

Rank: Army: Marine:

Other:

DISA/Enterprise E-mail or Other:

MOS/Duty Position:

Unit/Organization:

Date assigned as instructor:

Where will you be instructing?:

What course will you be instructing?:

Supervisor's Information

Supervisor's Last, First, MI:

Supervisor E-mail:

Supervisor's Unit/Organization:

Supervisor's #:

Requestor's Information

Note: Unit BN School NCO must submit this form for each student's registration.

School NCO/Other Name:

School NCO/Other E-mail:

School NCO/Other Work #:

Contractor's Information

Student's Last, First, MI:

E-mail:

Telephone #:

Contract Program Manager

Name:

E-mail:

Telephone #:

Contract COR:

Name:

E-mail:

For Registration Office use Only

Enrolled: Yes Class
 No Information:

Returned to Yes
Sender: No