

ACADEMIC DEGREE TRAINING (ADT) APPLICATION - CAREER PROGRAM FUNDED

Section 1: Applicant Section

1a: Applicant Information

Last Name: _____ First Name: _____ MI: _____ Career Program: _____
Occupational Title: _____ Pay Plan-Job Series-Grade: _____
Office Telephone: _____ Work E-mail: _____
Organization/Command: _____
Organization Street Address: _____
City: _____ State: _____ Zip + 4: _____

Section 1b: Academic Information

Accredited Degree/Program Sought: _____
Name of Institute/School: _____
Institute/School Street Address: _____
City: _____ State: _____ Zip + 4: _____
Type of Training: Part Time: Full Time: On-Line: Classroom:
Total Cost of Degree: _____ Training Start Date: _____ End Date: _____

Section 1c: Statement of Interest

In 500 words or less, explain why you are applying for this program/course and how you will utilize the new skill(s), competencies and/or knowledge acquired from this training to benefit the Army

1d: Previous Academic Degree Training

Has Army previously funded a degree? Yes No
If Yes, Degree: _____ Cost: _____
Has Army previously funded any Academic Degree Training/University courses? Yes No
If Yes, enter total cost for previous courses: _____

Section 1e: Academic Degree Plan (Note: List courses in chronological order)

	Course Title	Course Dates dd-mm-yy - dd-mm-yy	Credit Hours	Tuition Cost	Book Cost	Tuition & Book Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

(If necessary, use Academic Degree Plan Continuation Sheet for additional courses)

Section 1f: Total Cost of Expense Per Fiscal Year (FY) (Note: FY = 1 Oct – 30 Sep – according to start date)

Elements of Expense	FY:	FY:	FY:	FY:	Total Costs
Tuition Costs (Total per FY)					
Book Costs (Total Per FY)					
(CP/Command must provide justification):					
Travel Costs					
Per Diem Costs					
FY Totals					

Privacy Act Information. Authority: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). **Purpose and Use:** Used in the administration of the Federal Training program. **Disclosure:** Personal information provided in this application package is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

* Refer to ADT Checklist for other required enclosures (http://cpol.army.mil/library/train/catalog/pkt_adt.html)

Applicant's Signature

Date

Section 2: Approvers

Section 2a: Supervisor ADT Validation of Requirement: Utilization Plan

SUPERVISOR - **(must address all)** - How training will help to: 1) Improve employee performance/close competency gaps; 2) Support organization strategic goals; 3) Benefit the Army (ROI); 4) If completing a Capstone course, discuss proposed Army related project to be accomplished/completed.

Supervisor Name _____ E-Mail _____

Signature _____ Date _____ Phone _____

Section 2b: Activity Career Program Manager (ACPM) Rating

Critical

Important

Desirable

Not Appropriate

Comments:

ACPM Name _____ E-Mail _____

Signature _____ Date _____ Phone _____

Section 2c: Command Career Program Manager (CCPM) Rating

Critical

Important

Desirable

Not Appropriate

Comments:

CCPM Name _____ E-Mail _____

Signature _____ Date _____ Phone _____

Section 2d: Functional Chief Representative (FCR) Rating

Critical

Important

Desirable

Not Appropriate

Comments:

FCR/Proponent Name _____ E-Mail _____

Signature _____ Date _____ Phone _____