



---

## Application for Academic Degree Training: HQDA Centrally Funded

---

### Part III. Required Enclosures

- Enclosure 1: Applicant's Statement
  - Enclosure 2: Signed Letter of Acceptance from accredited institution
  - Enclosure 3: Signed Continuation of Service Agreement
  - Enclosure 4: Resume that includes list of prior government-sponsored training and/or education
  - Enclosure 5: Academic Degree Plan
  - Enclosure 6: Validation of Requirement: Utilization Plan and explanation of how the proposed training will contribute significantly to meeting an identified Army need (completed by the applicant's supervisor)
  - Enclosure 7: Ethnicity and Race Identification Form **NOTE:** Completion/submission of the SF-181 is strictly voluntary; used for statistical purposes only.
  - Enclosure 8: Career Functional Review Form
  - Enclosure 9: Request for Central Resources Support Form
  - Enclosure 10: Career Program unique documents
- 

### Part IV. Certification, Signature and Approval

By signing below, I certify that:

- The information provided in this application and the required enclosures is true and complete to the best of my knowledge.
- The applicant is not serving under a Schedule C (political) appointment.
- The applicant has achieved a medial rating or higher: NSPS - 3; TAPES - 3 or applicable performance for the last year
- The requested training is not being taken to help the applicant to meet basic qualification requirements for his/her current position, or qualify for appointment to a particular position for which the academic degree is a basic requirement.
- All collective bargaining obligations have been met.
- The training meets all legal and regulatory requirements.
- The applicant meets all eligibility requirements.
- The applicant is not the subject of a pending adverse action for cause.

Applicant's Name, Title  
Organization Name  
Organization Mailing Address  
Work E-mail Address  
Work Telephone Number

---

Applicant Signature

---

Date Signed

---

Supervisor's Name, Title  
Organization Name  
Organization Mailing Address  
Work E-mail Address  
Work Telephone Number

---

---

---

---

---

---

---

Supervisor's Signature

Date Signed

---

Activity Career Program Manager's Name,  
Title

Organization Name

Organization Mailing Address

Work E-mail Address

Work Telephone Number

---

ACPM Signature

Date Signed

---

MCPM at ACOM, ASCC, DRU or OAASA  
Name, Title

Organization Name

Organization Mailing Address

Work E-mail Address

Work Telephone Number

---

MCPM Signature

Date Signed

---

Functional Chief or Personnel Proponent  
Representative's Name, Title

Organization Name

Organization Mailing Address

Work E-mail Address

Work Telephone Number

---

FCR/Personnel Proponent Signature

Date Signed

---