

**ICAF SENIOR ACQUISITION COURSE (SAC) STUDENT NOMINATION FORM**

**MUST BE COMPLETED FOR EACH SAC NOMINEE & SIGNED BY AGENCY REPRESENTATIVE**

Name of Nominee: \_\_\_\_\_  
(Title: Dr., Ms., Mr.) (First Name) (Full Middle Name) (Last Name)

Parent Agency and Organization: \_\_\_\_\_

Is the nominee an Acquisition Corp member? \_\_\_\_Yes \_\_\_\_No

Is the nominee a Defense Acquisition University graduate? \_\_\_\_Yes \_\_\_\_No

Is the nominee certified in any Acquisition field(s)? \_\_\_\_Yes \_\_\_\_No

If so, in which field(s) and at what certification level (I, II, III):

\_\_\_\_\_  
\_\_\_\_\_

If not certified level II or III, the nominee is appropriately qualified for this senior level acquisition course by virtue of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Representative:

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)