

DEPARTMENT OF  
HOMELAND SECURITY  
U. S. COAST GUARD  
INSTITUTE (11/07)  
CGI 1561A

# Application for Voluntary Education Services

**Purpose:** The information provided on this form is used (1) to request an initial assessment of military learning experience for ACE recommended college credits, (2) to request subsequent updates to reflect additional recommended credit earned for additional military learning experience, and (3) to request Degree Plan(s) showing how credits earned would apply to a college degree program. **NOTE: Requests for additional Degree Plans must wait a period 90 calendar days to provide equitable access to education specialists by all Coast Guard members.**  
**NOTE: This form CANNOT be used to request Official Transcripts.** This information will form the basis for the Official Transcript when requested using the CGI-1564 – Official USCG Transcript Request.

**CHECK ACTION:** Assessment      Update      Degree Plan      CPO Academy

**Instructions for Completion:**

1. Responses to the questions on this form must be clear and accurate. Omitting information, using abbreviations or acronyms, or failing to include supporting documentation may result in the USCG Institute not being able to find the appropriate entry, delaying (or precluding) the processing of the application.
2. Official Transcripts from colleges attended by the applicant must be attached. (Photocopies are acceptable.)
3. The ESO must sign the form certifying that the data provided is correct.
4. Type the information, if possible. If handwritten, please write clearly and legibly.
5. **INCOMPLETE FORMS CANNOT BE PROCESSED. Please note originals will NOT be returned.**

**APPLICANT COMPLETES THIS SECTION**

**Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
Last Name                      First Name                      MI

**Phone Number:** \_\_\_\_\_ **Rate/Rank:** \_\_\_\_\_  
(Work) (e.g. SN, YN3, LTJG,GS-5)

**Phone Number:** \_\_\_\_\_ **Unit OPFAC:** \_\_\_\_\_  
(Home/Cell)

**USCG Affiliation:** Active Duty \_\_\_\_ Reserve \_\_\_\_ Civilian Employee \_\_\_\_ Spouse \_\_\_\_

**Mailing Address (Applicant mailing address if no global email address):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Member Email:** \_\_\_\_\_

**I. Promotion History:**

**Member's USCG Promotion History:** This section is automatically populated from Direct Access.

**Prior Service Rate/MOS/AFSC:** If prior service, attach a valid photocopy of your DD-214(s). Also include a copy of your [AARTS](#), [SMARTS](#), or [CCAF](#) Transcripts as applicable to the prior service branch.

**II. Military School Information:**

List and provide documentation for courses **not** listed in Direct Access (PeopleSoft) that are **5 or more days** in length. [Documentation](#) should also be provided for courses attended at a DOD agency, other US Government agencies, or private agencies. **Do not use abbreviations or acronyms. Insert the full title of the course as noted on the certificate of completion.**

**NOTE:** Documentation is required for Emergency Medical Technician, Boarding Team Member, and Boarding Officer or any other school whose location cannot be determined through Direct Access.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Last Name First Name MI

Full Course Title (Basic Military Training, A School, C school, etc.)	Location (TraCen Cape May)	Course No.	Length	Date Started	Date Completed

**III. Correspondence Courses (EOCT)**

**DO NOT** attach copies of the CG Institute EOCT letters. This section will be completed using data in the USCG Institute’s database reflecting correspondence courses completed. For correspondence courses taken through the Marine Corps, Air Force, and Army; please attach copies of the course completion letters or certificates. There is no credit for Navy correspondence courses.

**IV. Traditional College Courses**

Attach Official Transcripts from all colleges/universities attended. Transcript may be photocopies, but it **must be legible and include the front and back**, full name of the college, full name of the course and course number (including dept name / number), final grade and quarter or semester hours. Online score reports and transcripts (originals or photocopies) **will not** be accepted.

**V. Non-Traditional Testing**

Attach legible copies of all score reports for CLEP/DSST/Excelsior Exams.

**VI. Certificates and Licenses**

Attach legible copies of certificates/licenses (front and back when applicable). Examples of certificates/licenses include Deep Diver, FAA Pilot License, IAAP Certified Administrative Professional, and the FAA Airframe & Power plant License.

**VII. Degree Plan Request: Rate Related  | Associates  | Bachelors  | Masters  | Doctoral**

Degree plans are processed for SOC the colleges/universities listed in our [Degree Planning Colleges](#) matrix. Please request all subjects your wish to pursue so that we can provide suitable degree plans. At least four (4) degree plans will be provided to assist you with your planning. **Please allow 90 days to pass before requesting additional or revised degree plans.**

College Preference: \_\_\_\_\_ (AutoDP/SOCOAST Institutions Only)

Desired / Intended Subject (Major) \_\_\_\_\_

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Desired / Intended Subject (Major) \_\_\_\_\_

College Preference: \_\_\_\_\_ (AutoDP/SOCOAST Institutions Only)

Desired / Intended Subject (Major) \_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
Last Name First Name MI

### VIII. Previous Degree(s) Earned

If you already have a bachelor's degree or higher, limited degree planning can be provided. Undergraduate credit will not transfer to graduate level. See the CGI website for links to graduate and post-graduate college programs.

\_\_\_\_\_ at \_\_\_\_\_  
(e.g. Associates of Arts in History) (Institution, City, State)

\_\_\_\_\_ at \_\_\_\_\_  
(e.g. Bachelor of Arts in History) (Institution, City, State)

### IX. Member's Verification

In accordance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99 / Rev. July 1, 1997), the applicant grants permission for the USCG Institute to provide personal and education information to partnership institutions to aid in degree completion. Personal information shall not be given to other institutions or to a third party without the applicant's written permission. ALDIST 102/94 authorizes the Institute to collect this information. Failure to provide the requested information may adversely affect the college credit recommendations received by the applicant. Member's signature certifies that the foregoing information is true and accurate.

\_\_\_\_\_ Date  
Member's Signature (Required)

\_\_\_\_\_  
Member Email

### X. ESO Review

I verify that the information on the request is complete / correct. Member has been counseled on how to have their Direct Access account updated.

\_\_\_\_\_ Date  
ESO Signature (Required)

\_\_\_\_\_  
ESO Email

**Mail to:**

Commanding Officer  
USCG Institute (ve)  
5900 SW 64<sup>TH</sup> St, MPB Rm 228  
Oklahoma City OK 73169-6990

**Fax to:**

(405) 954-7249

**Email to:**

[cgi-pf-ed\\_advisor@uscg.mil](mailto:cgi-pf-ed_advisor@uscg.mil)

Notes:

**Submit to ESO**