ACADEMIC PLAN					
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.					
Name	Career Program	n	Office Phone-Comme	rcial	Office Phone-DSN
Occupational title/series/grade			E-Mail Address		Duty Location
Office Address			SSN:		
			MACOM:		
			Training Location:		
Education Beyond High Level [highest academic level]					
School Loca	<u>ntion</u>	Progr	<u>Degr</u>	ee/Certificat	<u>Date</u>
Name and address of School/Institute to which applying		Initial Registration date			☐ Full-time ☐ Part-time
Course Title	Course Dates		Credit Hrs	Tuition Cos	st Book Cost

I understand that course changes require prior approval by my supervisor to ensure that substitute courses are consistent with this plan.

Applicant Signature

I have discussed this academic plan with the employee and find the courses consistent with developing competencies to meet the identified training needs of the employee.

Supervisor Signature

I have reviewed this academic plan and find that the courses will develop competencies consistent with the training needs of the career field/program.

FCR Signature

Note: Due to funding cycles, only courses that begin during the fiscal year (FY) are approved for funding. Approval does not carry over into the next FY. A new academic plan must be submitted and approved for courses that begin in the next FY.