

PME Correspondence Course Request Form

*"This form may contain **FOR OFFICIAL USE ONLY (FOUO)** information that must be protected under the **Privacy Act of 1974** (see AFI 33-332). Do not release outside of DoD channels without the consent of the originator's office."*

AUTHORITY: 10 U.S.C. 8013. PRINCIPAL PURPOSE: To obtain information for computer input from education offices requesting students be enrolled into A4/6 A4L Distance Learning Courses. Use of SSN required to make positive identification of the individual and records.

ROUTINE USE: Used to prepare data for input into MilPDS and A4/6 A4L computer database.

DISCLOSURE: Voluntary. However, if requested information is not provided, the enrollment cannot be accomplished.

*****IMPORTANT: This form may only be used to request PME courses (ALS, NCOA, SNCOA, & SOS). Items 1-8 are required to process PME requests.**

1. Full Name (Last, First, MI.)

2. Rank: (Select One)

3. SSN:

4. Category: (Select One)

5. Requesting: (Select One)

6. Course: (Select One)

***for course requirements -click here: <http://www.au.af.mil/au/afiadl/curriculum/catalog/html/contents04-01.htm>

7. Address:

Address Line 1 (required)

Address Line 2 (optional)

Base/City (required)

State (required)

9 Digit Zip code (required)

(Ex: 12345-1234)

***if unsure of your 9 digit Zip code click here: <http://zip4.usps.com/zip4/welcome.jsp>

8. Test Control Facility 9 Digit Zip code + Shred

9 digit zip code (Ex: 12345-1234)

TCF Shred

***if unsure of TCF Zip code/Shred click here: http://www.au.af.mil/au/afiadl/registrar/tcfpage_fr.htm

9. Comments:

To submit the PME Request:

1. Use the Submit by E-mail Button
 - Follow Instructions when Prompted
- OR-
2. Use the File Menu at the top of the Form
 - Select "Save As..."
 - Name the form "PME Request - Rank & Last Name"
3. With the saved form open, use the File menu option "Attach to E-mail..."
 - Change the Subject line to "(FOUO) PME Request - Rank & Last Name"
4. E-mail to rmg.dpmt@us.af.mil.

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