



Civilian Application for Judge Advocate Officer's Graduate Course



Authority - This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

Purposes and Uses - The primary purposes of the information collected in this application is for use in the selection of applicants to participate in centrally funded training opportunities. Your completed application will be used by a selection board of subject matter experts to determine if you are highly qualified for consideration for Army-sponsored training. Your application may also be used by other officials in the selection process, in developing training plans, and in other phases of the program. Information you supply may also be used for preparing reports and replying to correspondence.

Effects and Nondisclosure – Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

APPLICANT INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

EMAIL ADDRESS

PAY PLAN GRADE SERIES START DATE OF PERM ARMY CIVILIAN SERVICE

COMMAND/DRU OFFICE PHONE NUMBER

OFFICE MAILING ADDRESS

CITY STATE/TERRITORY COUNTRY ZIPCODE

I have coordinated for funding for all TDY costs associated with attending the Graduate Course.

YES NO

I have read the training announcement and certify I meet all of the eligibility requirements and have included all requirements outlined in the announcement.

YES NO

If no, explain:

I have completed, assembled, and submitted my application in accordance with the announced guidance and deadline. I understand my application may be disqualified if any document is missing, incomplete, or illegible.

.....
APPLICANT'S SIGNATURE

.....
DATE

COURSE INFORMATION

TRAINING COURSE TITLE



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STATEMENT OF INTEREST (TO BE COMPLETED BY APPLICANT)

Explain why you are applying for this training program or course and how you will utilize the new skills, competencies, and/or knowledge acquired from this training to benefit the Army. Explain how the proposed training furthers your personal development and detail what you hope to gain from the training.

.....
APPLICANT'S SIGNATURE

.....
DATE



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UTILIZATION PLAN (TO BE COMPLETED BY SUPERVISOR)

Describe how the new skills and knowledge your employee will acquire during this training will be utilized in his/her current position and how this will benefit your organization and the Army.

SUPERVISOR'S NAME
SUPERVISOR'S EMAIL

POSITION TITLE
PHONE NUMBER

.....
SUPERVISOR'S SIGNATURE

.....
DATE



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ENDORSEMENT (TO BE COMPLETED BY HEAD OF OFFICE)

The Endorsement is only required if the Utilization Plan is completed and signed by someone other than the head of the office. For legal offices the head of your office is typically your SJA, CJA, Chief Counsel, District Counsel, or equivalent.

HEAD OF OFFICE'S NAME
HEAD OF OFFICE'S EMAIL

POSITION TITLE
PHONE NUMBER

.....
HEAD OF OFFICE'S SIGNATURE

.....
DATE