

IMA Formal School Request

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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.

Course Information *(Obtained from ETCA)*

Course Number	Course Title	# Days
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Desired Class Dates *(Obtain available class dates from RIO Detachment office)*

#1 - Start Date	#2 - Start Date	#3 - Start Date	#4 - Start Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grad Date	Grad Date	Grad Date	Grad Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Details

Last Name	First Name	MI
SSN	Rank	DAFSC
	ETS/MSD	RIO Det.
	<input type="text"/>	

Eligibility *All items must be verified by the Unit Training Manager*

UTM Initials

Member meets retainability required after class grad date. (1yr for courses <15 days / 2yrs for courses >15 days)

Member meets all course pre-requisites prescribed in ETCA.

Member has a current and passing fitness assessment. (AFFMS report attached)

Member's readiness is current. (ARCNet report attached)

Member has no conflicting TDY, deployment, or other orders that may prevent attendance.

Course is required for mission accomplishment per applicable CFETP, AFI, AFOCD/AFECD, or deployment instructions.

Unit Training Manager

Typed: Name, Rank, and Title

Signature

Date

Once signed, save as PDF onto computer and submit thru myPers.