

SECTION II - TO BE COMPLETED BY CERTIFYING OFFICER

(Read Instructions on Page 2 before completing this page)

15. FORMAL SERVICE SCHOOLS ATTENDED <i>(If 40 hours in 5 consecutive days, or if longer than 32 hours in 5 consecutive days.) (If none, print NONE.)</i>							18. ACE GUIDE COURSE OR OCCUPATION IDENTIFICATION NO. <i>(To be filled out in Education Center)</i>
a. COURSE TITLE <i>(Do Not Abbreviate)</i>	b. MILITARY COURSE NUMBER	c. NAME OF SCHOOL, CITY, STATE	d. DATE ENTERED <i>(YYYYMMDD)</i>	e. LENGTH <i>(In weeks) (Note 1)</i>	f. DATE COMPLETED <i>(YYYYMMDD)</i>	g. FINAL MARK AND/OR CLASS STANDING <i>(Note 2)</i>	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

16. MILITARY OCCUPATIONAL HISTORY					
a. MILITARY SPEC. CODE <i>(MOS, AFSC, Rate, etc.) (Note 3)</i>	b. MILITARY OCCUPATIONAL TITLE <i>(Do Not Abbreviate)</i>	c. DATES HELD		d. MOS/SQT/SDT SCORE <i>(For Army Enlisted Personnel) (Note 4)</i>	
		(1) FROM <i>(YYYYMMDD)</i>	(2) TO <i>(YYYYMMDD)</i>		
(1)					
(2)					
(3)					

NOTES: 1. Print **SP** if course length was self paced. 2. If information is available, give grade received. If class standing is shown, give number in class, e.g., 10 in 241. 3. List most recent skill levels or grade. 4. MOS/SQT/SDT Evaluation Score and date of evaluation.

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR A DULY AUTHORIZED NONCOMMISSIONED OFFICER.
I certify that the information contained herein has been compared with official records, and that this information is correct.

17. CERTIFYING OFFICER		
a. NAME <i>(Print or Type)</i>	b. GRADE/RANK	c. MILITARY ADDRESS <i>(Include ZIP Code)</i>
d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>	