NASA Academy of Program and Project Leadership (APPL) & NASA Engineering Training (NET)

Participant Nomination Form

Please check the program name and insert the session number for this nomination (refer to the current Agencywide Schedule):

APPL Programs

- ☐ Advanced Project Management APM ____
- ☐ Construction of Facilities Mgmt CoF ____
- ☐ CoF Best Practices CBP ____
- ☐ Energy Efficiency & Water Conservat'n EEWC ____
- ☐ International Project Management IPM ____
- ☐ Introductory Environmental Mgmt Pgm IEMP ____
- ☐ Program Management PGM ____
- ☐ Project Leadership PL ____
- ☐ Project Management PM ____
- ☐ PM Shared Experiences PMSEP ____
- ☐ Real Property RP ____
- ☐ Reliability Centered Bldg/Equipment RCB&E ____
- ☐ Systems Engineering SE ____
- ☐ Technology Transfer/Comm'lization TTC ____

NET Programs

- ☐ Aeronautics AERO ____
- ☐ Concurrent Design Exercises CDE ____
- ☐ Earth Science ES ____
- ☐ Engineer Certificate Program (selective) ECP ____
- ☐ Human Expl. & Development of Space HEDS ____
- ☐ Life and Microgravity Sciences LMS ____
- ☐ Manufacture of Space Hardware MSH ____
- ☐ Manufacturing Systems & Processes MANU ____
- ☐ NET Design Exercise NDE ____
- ☐ Software Acquisition Mgmt SAM ____
- ☐ Software Process Assessment SPA ____
- ☐ Software Process Improvement SPI ____
- ☐ Space Launch & Transportation Sys. SLTS ____
- ☐ Space Science SS ____
- ☐ System Design SD ____
- ☐ System Requirements REQ ____
- ☐ Topics in Engineering TE ____
- ☐ Verificat'n, Validat'n, Test & Eval of Systems VVT&E ____

NOTE: PROGRAM/PROJECT MANAGEMENT DEVELOPMENT PROCESS (PMDP) PARTICIPANTS ARE GIVEN PRIORITY

Date enrolled in PMDP:_____ PMDP Level (if applicable) : _____1 _____2 _____3 _____4

Please complete the participant information for this nomination:

✍ Mr. ✍ Ms. ✍ Dr. Full Name:_____

Name to be used on name tag:_____ SSN*:_____

Phone:( ) _____ Fax:( ) _____

Nominee's E-mail:_____ Supervisor's E-mail:_____

Functional Position Title (i.e. Chief, XYZ Branch)_____ Grade:_____

Center or Organization:_____ Mail Stop:_____

Street Address:_____ City:_____ State:_____ Zip Code:_____

Gender: ✍ Female ✍ Male Citizenship: ✍ USA ✍ Other:_____ Birth Month/Day:_____

Degree Level: ✍ B.S./B.A. ✍ Masters ✍ Ph.D. ✍ Other:_____ Years of PM Experience:_____

Special Dietary, Medical, Physical or other requirements:_____

SIGNATURE APPROVALS

_____ _____
Nominee's Signature Date

_____ _____
Supervisor's Signature Date

_____ _____
Travel Authorization Agent Signature Date

_____ _____
Training Officer's Signature Date

Completed Forms should be returned to your designated APPL or NET Training Representative

Questions? Please call RGI at (703) 820-4900 or visit our Web site at http://appl.nasa.gov

***Disclosure of your social security number is completely voluntary. It is used as an unique identifier in a database which tracks program history and provides participants with a cumulative history of their attendance at programs, and it helps avoid duplicate records. This information is never printed on any documents or disclosed in any way.**

ENCLOSURE 4

updated 5/22/01