



Instructions: Based on the completion of this form and required signatures, the Registrar's Office will enroll you into the course(s) via Python. If you do not have NPS network access, see Student Services located in Herrmann Hall Room 039. Forms may be turned into the Registrar's Office located in Herrmann Hall Room 022 or emailed to registrar@nps.edu. Prior to emailing form with SSN, request one of the Registrar staff send you a digital signature so you may encrypt the email to protect the transmission of your Personally Identifiable Information (PII). **Deadline to submit form is by the Add/Drop Deadline (10 business days from the day instruction begins).** Reference the Academic Calendars link <https://my.nps.edu/web/registrar/calendar>. For NPS Employees only, reference [NPS Instruction 12410.1B – Civilian Academic Development Program](#).

Section 1 – Applicant Information (Only local federal employees are eligible. DoD Contractors are excluded. For inquiries, email admissions@nps.edu.)

Date (MM/DD/YYYY):

Last Name:	First Name:	Middle Name:
First three digits of SSN:	Date of Birth MM/DD/YYYY:	
If non-NPS staff and first-time enrollment, provide full SSN:		
E-Mail:	Phone:	

Section 1a. – NPS EMPLOYEES ONLY

Dept of Employment:	Job Title:
If Military, provide Service/Rank:	If Civilian, provide Grade/Series:
Dept Supervisor Name:	Dept Supervisor Signature:

Section 1b. – LOCAL TENANT COMMANDS ONLY

Local Tennant Command Name:	Job Title:
If Military, provide Service/Rank:	If Civilian, provide Grade/Series:
Dept Supervisor Name:	Dept Supervisor Signature:

Section 2 – Course Information

Academic Year:	Academic Quarter:	<input type="checkbox"/> Fall-1 (Oct-Dec)	<input type="checkbox"/> Winter-2 (Jan-Mar)	<input type="checkbox"/> Spring-3 (Apr-Jun)	<input type="checkbox"/> Summer-4 (Jul-Sep)
Course Number	Segment #	Scheduled Days/Hours (M/W 0800-1000)	Print Instructor's Name	Instructor's Signature	
1.					

NPS EMPLOYEES ONLY – Second level Department Supervisor signature is required for enrollment into a second course.

Second Level Dept Supervisor Name:	Second Level Dept Supervisor Signature:
2.	

Section 3 – Civilian Training Officer's Signature – NPS EMPLOYEES ONLY

Contact: TrainingOfficer@nps.edu

Section 4 – Applicant's Signature

Applicant's Signature of Acknowledgment:

Section 6311 Title 5 of the U. S. Code authorizes collection of this information. Your personal information will be safeguarded pursuant to the Privacy Act of 1974. The purpose is to gather information the Naval Postgraduate School needs to communicate with you and to establish your registration record, transcript, and network access account. This information will be used by Admissions, Registrar, and Information Technology support personnel. Disclosure of this information is voluntary; however, failure to provide this information can delay processing your application. For questions, please contact registrar@nps.edu.