

**APPLICATION FORM FOR
AF INSTITUTE FOR ADVANCED DISTRIBUTED LEARNING COURSE**

REGISTRAR; Please process the attached AFIADL/ECI Form 23

AFIADL ENROLLMENT APPLICATION (TYPE or PRINT clearly. Fill out in accordance with instructions in the AFIADL Catalog.)		
PRIVACY ACT STATEMENT		
1. AUTHORITY: 44 USC 3102; 16 USC 8612; EO 9397. 2. PRINCIPAL PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSURE: Voluntary. However, if information is not provided, enrollment cannot be accomplished.		
1. AFIADL COURSE NUMBER	2. SOCIAL SECURITY NUMBER	3. IDENTITY CODE/ CATEGORY
		7
4. NAME (Last, First, Middle Initial)	5. PAY GRADE	6. REASON FOR ENROLLMENT - CODE
		L <input type="checkbox"/> MANDATORY N <input checked="" type="checkbox"/> VOLUNTARY
7. ADDRESS (Do not use address of Unit Training office)	8. TCO PHONE (DSN)	9. COURSE TITLE
	N/A	
		10. SIGNATURE AND TITLE OF APPROVING OFFICIAL
		SIGNATURE
ZIP CODE		TITLE
11. ZIP CODE/SHRED OF TEST CONTROL FACILITY		

AFIADL FORM 23, 20000609

Replaces ECI Form 23, 19 990301, which will be used.

Noted:PAWG/TCO ; Do NOT fill in block 11

This revised PAWG Form 23, April 2003, supercedes all previous editions.
PAWG applicants must complete the form below to ensure delivery of the course material and examination.

The completed form must be processed through HQ PAWG prior to it being sent to AFIADL HQ. Incomplete and/or unreadable forms will be returned to applicant. Forward the original completed form plus one copy, through channels to HQ PAWG ,attn PAWG-TCO. Following is the required information you must include, with all signatures.

Unit Charter Number _____; Unit/Squadron No. _____; Application date _____

Applicant's signature _____; Tel. No. _____

CAP ID No. _____; Course Number _____

Signature and title of approving official at Group level;
_____; Title _____; Date _____

The course material will be sent directly to the applicant. The examination material is received ONLY at HQ PAWG for distribution to PAWG approved Test Control Officers (TCO) who proctor the examinations.

Information below is for official use only for tracking the course material and examination processing

Course request	Exam request		Exam Rec'd		Exam sent		Exam	
Sent to PAWG	Received PAWG	Sent to AFIADL	Extended Time request	Exam request	Exam Rec'd PAWG	Exam sent to TCO	Completed rec'd PAWG	Exam to AFIADL

Received, PAWG (Name/Grade) _____; Title _____; Date _____

*Ref. HQ PAWG Civil Air Patrol, Bldg. 3-108
Fort Indiantown Gap, Annville, PA 17003*

*Phone 717 861 2335
Fax 717 861 2164*