

AF INSTITUTE FOR ADVANCED DISTRIBUTED LEARNING APPLICATION					
TYPE OR print clearly. <i>Fill out in accordance with instructions with the PA Wing Handout</i>					
1. COURSE NUMBER		2. SOCIAL SECURITY ACCOUNT NUMBER		3. UNIT CHARTER	
4. NAME (Last First Middle Initial)			5. CAP RANK	6. SQUADRON NO.	
7. ADDRESS: (where course materials to be delivered)			8. HOME PHONE NUMBER		
			9. COURSE TITLE		
			10. SIGNATURE OF REQUESTER		
ZIP CODE			DATE:		
11. SIGNATURE AND TITLE OF APPROVING OFFICIAL *SQUADRON LEVEL			12. SIGNATURE AND TITLE OF APPROVING OFFICIAL *GROUP LEVEL		
			DATE:		
TITLE:			DATE:		

PAWG Form 23

February 2001

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