ARMY FORCE MANAGEMENT SCHOOL (AFMS)

5500 21st St. Building 247 Suite 1400, Ft.Belvoir, Va. 22060

www.afms1.belvoir.army.mil

Student Data Card/Application Version 4.0

COURSE INFORMATION

Course Name: ----------

Class Number: ____ - ____

Report Date:

☐ I am a **NEW** applicant **NOT** currently registered in ATRRS

STUDENT CONTACT INFORMATION

Last Name:

First Name:

MI:

Enterprise Email (...@mail.mil):

Home Phone:

Mobile Phone:

Work Phone:

AKO User ID *all students:

EMERGENCY CONTACT INFORMATION

Full Name:

Relation:

Phone Number:

Number:

Street:

City:

State:

Zip:

STUDENT OCCUPATION INFORMATION

Current or Losing Unit/Org:

Current or Losing Unit/Org UIC:

Rank/Grade:

Date Of Rank:

Gaining Unit/Org:

Gaining Unit/Org UIC:

Current Branch:

Current Specialty/MOS:

Current Duty Position:

(Unit Force Manager, Operations Officer,Unit G-1, etc.)

Component/Status:

UNIT ADDRESS

Number:

Street:

City:

State:

Zip:

SECURITY INFORMATION

Security Manager Name:

Rank/Grade:

Security Manager Phone:

Classification:

Date Granted:

SUPERVISOR INFORMATION

Supervisor Name:

Supervisor Email:

1SG/CSM/SGM's Full Name:

Commander Full Name:

Supervisor Phone Number:

Rank/Grade:

Submit Form