

**APPLICATION FORM FOR NAVAL POSTGRADUATE DENTAL SCHOOL
CORRESPONDENCE COURSES AND DVDS**

1. Fill in items A through I below. Typed applications are preferred for clarity.
2. All relevant items must be completed or the application will be returned.
3. Submit your application form by e-mail to patrick.w.mcmahon2.civ@mail.mil, fax to (301) 295-5767 or DSN 295-5767, or mail the completed application to: Educational Resources, Naval Postgraduate Dental School, 8955 Wood Road, Bethesda, MD 20889-5628.
4. If you do not receive course materials within a reasonable time, please send an email to patrick.w.mcmahon2.civ@mail.mil, or telephone DSN 285-4832 or (301) 319-4832
5. **I understand that if I am not making satisfactory progress within six (6) months I will be terminated as a student and will be expected to immediately, upon notification, return the text, or other materials, to the Naval Postgraduate Dental School.**

PRIVACY ACT STATEMENT: Under the authority of Title 5 USC 301, information regarding your military or other DOD status is requested in order to evaluate individual applications for enrollment in the Naval Correspondence Course program. The information will also be used to process course completion letters and to construct and maintain an official and continuing manual and/or automated record of correspondence course participation. The cumulative course participation record will not be divulged, without written authorization, to anyone other than those within the DOD for official use in determining performance and effecting organizational and administrative management. The transmittal of pertinent information to persons/institutions of the individual's selection may be effected by a signed statement by the individual concerned. Completion of this form is voluntary; however, failure to provide the required information will result in an inability to process this application.

LOAN AGREEMENT (for DVDs): It is understood that these are US Government films and in consideration of the privilege to borrow them free of charge it is agreed that (1) they will not altered in any way; (2) they will not be shown where a viewing admission is charged; (3) no part of them will be duplicated; (4) they will be returned promptly to this activity, postage prepaid (library rate must be used).

A. Last Name, First, MI: _____ B. Course: _____

C. Rank: _____ D. Branch of Service: _____ E. Date: _____

F. E-mail: _____

G. Mailing Address: _____

H. Unit: _____

I. Do you need a copy of the text? (Yes/No) _____

Do not write beneath this line----- Do not write beneath this line----- Do not write beneath this line

Book number loaned: _____ Date Loaned: _____ Date Returned: _____

Completion date: _____ Average score: _____

Completion document mailed: _____