

Defense Institute of Security Assistance Management (DISAM/DAS)
2335 Seventh Street
Wright-Patterson AFB, OH 45433-7803
Voice (937) 255-4144, DSN 785-4144
Fax (937) 255-3441, DSN 785-3441

Student Eligibility Questionnaire

Forward this questionnaire through the appropriate training office along with a completed DD 1556 to arrive at DISAM no later than 30 days prior to course start date. Accurate completion of this form will enable determination of student eligibility and act as a survey of overall DISAM attendance requirements.

Please type or print responses.

1. Name (Last, First, MI) _____ .
2. Grade _____ .
3. Social Security Number _____ .
4. Organization of assignment and location _____
_____ .
5. Position/Title _____ .
6. Functions you perform in Security Assistance Management _____
_____ .
7. Number of months in present position _____ ; number of months remaining _____ .
8. Percent time you currently spend/anticipate spending on Security Assistance _____ .
9. Total number months you have spent in Security Assistance _____ .
10. Previous DISAM courses attended, including month/year of attendance _____
_____ .
11. Name of DISAM course you are applying for _____ .
12. State briefly why you feel attendance will enhance your job skills _____

_____ .
13. Signature _____ Date _____ .
14. "Applicant needs course and meets the eligibility criteria set forth by DISAM."
Signature of supervisor _____ Date _____ .
Supervisor's title _____ Phone number _____ .