GODDARD SPACE FLIGHT CENTER
ACADEMIC PROGRAMS APPLICATION FORM
(January 2009 - December 2009)

Status

Program :

Note: Adobe Reader 8 is required for this form

Instructions:

Please refer to the announcement for program criteria at: http://ohcm.gsfc.nasa.gov/DevGuide/DevPrograms/Academic.htm. Applications are due September 24, 2008, via email only to GSFC-Code-114-Academic-Programs@mail.nasa.gov. This form can be saved at anytime by clicking on File and then Save As. Please have your sealed, official transcript mailed or hand carry to be received no later than September 24, 2008 to: NASA - GSFC - OHCM, 8800 Greenbelt Road, Attn: Renee McElrath, Code 114, Bldg 1, Room E100H, Greenbelt, MD 20771. If you have any questions please call Renee McElrath at (301) 286-5363 or Michelle Dubose-Williams, Academic Program Manager at (301) 286-5166.

SECTION I - APPLICATION BACKGROUND INFORMATION

SATERN User ID

Last Name

First Name

MI

E-Mail Address

Office Code

Building Number

Room

Phone Number
###-###-####

Fax Number
###-###-####

Position Title

Series

Grade

Employee Type

NASA Years of Service

Describe your current position *(not to exceed 1100 characters)*:

Programs Previously Participated
(Check all that Apply)

USP ☐ Year

PTGSP ☐ Year

SFP ☐ Year

Are you currently participating in any center funded programs?

◯ Yes ◯ No

If Yes, Please describe *(not to exceed 236 characters)*:

Supervisor Last Name

Supervisor First Name

Supervisor Phone Number

Office Code

Building Number

Room

Supervisor E-Mail Address

SECTION II - COMPETITIVE FACTORS

State how pursuing academic course work will enhance your ability to make significant contributions to accomplish mission and performance goals *(not to exceed 1100 characters)*:

SECTION III - EDUCATION

Academic Institution:

Have you been accepted to the academic institution listed above: ◯ Yes ◯ No

Do you meet the GPA criterion? ◯ Yes ◯ No

USP (2.5) and PTGSP (2.9)

January 2009 - December 2009 Course Request

Approvals are determined on a course by course basis and must comply with the Code of Federal Regulation 5CFR410.101.

1

Course Title

Start Date

End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

2

Course Title

Start Date

End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

3

Course Title | Start Date | End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

4

Course Title | Start Date | End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

5

Course Title | Start Date | End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

6

Course Title | Start Date | End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

7

Course Title | Start Date | End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

8

Course Title | Start Date | End Date

Job/Mission related justification *(not to exceed 550 characters)*:

Num of Credits	Cost Per Credit	Estimated Book Cost	Equipment/ Materials	Other Fees	Total

Total Cost Estimate can not exceed $10,000

Grand Total

SECTION IV - OTHER INFORMATION

Comments

SECTION V - TIME OFF REQUESTED

Time Off guidelines up to 8 hours per week subject to supervisory approvals.

Time off Requested Per Week

Have your sealed, official transcript mailed or hand carry to be received no later than September 24, 2008 to:

NASA - GSFC - OHCM
8800 Greenbelt Road
Attn: Renee McElrath
Code 114, Bldg 1, Room E100H
Greenbelt, MD 20771

If you have any questions please call Renee McElrath at (301) 286-5363 or Michelle Dubose-Williams, Academic Program Manager at (301) 286-5166. Please make sure your form is completed prior to hitting the submit button.

Submit

By submitting this application, you are authorizing OHCM to disclose your application and transcript to your Directorate leadership, Center selection panel and your supervisor.