



NASA Academy of Program and Project Leadership (APPL) and NASA Engineering Training (NET) Participant Nomination Form

Please check the program name and insert the session number for this nomination (refer to the current Agency-wide Schedule)

APPL Programs

- | | |
|---|-------------|
| <input type="checkbox"/> Advanced Project Management | APM _____ |
| <input type="checkbox"/> Construction of Facilities Management | CoF _____ |
| <input type="checkbox"/> CoF Best Practices | CBP _____ |
| <input type="checkbox"/> Environmental Considerations in Program and Project Management | ECPPM _____ |
| <input type="checkbox"/> Grant Writing Seminar | GWS _____ |
| <input type="checkbox"/> International Project Management | IPM _____ |
| <input type="checkbox"/> Program Management | PGM _____ |
| <input type="checkbox"/> Project Management | PM _____ |
| <input type="checkbox"/> PM Shared Experiences | PMSEP _____ |
| <input type="checkbox"/> Systems Management | SM _____ |
| <input type="checkbox"/> Technology Transfer | TT _____ |
| <input type="checkbox"/> Other | _____ |

NET Programs

- | | |
|---|----------------|
| <input type="checkbox"/> Advanced Manufacturing | A-MANU _____ |
| <input type="checkbox"/> Design for Assembly | DA _____ |
| <input type="checkbox"/> Designing World-Class Processes | DWP _____ |
| <input type="checkbox"/> Earth Science | ES _____ |
| <input type="checkbox"/> Human Expl. & Development of Space | HEDS _____ |
| <input type="checkbox"/> Introduction to Aeronautics | I-AERO _____ |
| <input type="checkbox"/> Introduction to CMMI/CMM | I-CMMI _____ |
| <input type="checkbox"/> Intermediate CMMI | Int-CMMI _____ |
| <input type="checkbox"/> Introduction to Rapid Prototyping | I-RP _____ |
| <input type="checkbox"/> Manufacturing Systems & Processes | MANU _____ |
| <input type="checkbox"/> Mars Mission/System Design | MMSD _____ |
| <input type="checkbox"/> Mastering Process Improvement | MPI _____ |
| <input type="checkbox"/> Managing S/W Projects w/Metrics | MSWPM _____ |
| <input type="checkbox"/> NET Design Exercise | NDE _____ |
| <input type="checkbox"/> Seven Axioms of Good Engineering | SAGE _____ |
| <input type="checkbox"/> Software Configuration Management | SCM _____ |
| <input type="checkbox"/> Software Acquisition - CMM | SA-CMM _____ |
| <input type="checkbox"/> Software Project Planning/Control | SPPC _____ |
| <input type="checkbox"/> Software System Safety Class | SSSC _____ |
| <input type="checkbox"/> Space Launch/Transport Systems | SLTS _____ |
| <input type="checkbox"/> Space Science | SS _____ |
| <input type="checkbox"/> System Requirements | REQ _____ |
| <input type="checkbox"/> Topics in Engineering | TE _____ |
| <input type="checkbox"/> Verification, Validation & Test of Systems | VV&T _____ |
| <input type="checkbox"/> Other | _____ |

Mission Support Programs

- | | |
|--|--------------|
| <input type="checkbox"/> Energy Efficiency & Water Conservation | EEWC _____ |
| <input type="checkbox"/> Real Property | RP _____ |
| <input type="checkbox"/> Reliability Centered Building/Equipment | RCB&E _____ |
| <input type="checkbox"/> Sustainability Design (Facilities) | SD (F) _____ |
| <input type="checkbox"/> Other | _____ |

NOTE: PROGRAM / PROJECT MANAGEMENT DEVELOPMENT PROCESS (PMDP) PARTICIPANTS ARE GIVEN PRIORITY.

Date enrolled in PMDP: _____

PMDP Level (if applicable): 1 2 3 4

Please Complete ALL of the Following Participant Information

| | | | | | | | |
|--|--|---|--|--|--|-----------------|-----------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | Last Name: | | First Name: | | Middle Initial: | |
| Name to be used on name tag: | | | | I am: <input type="checkbox"/> NASA Civil Service <input type="checkbox"/> NASA Contractor | | | |
| Phone: | | | | FAX: | | | |
| Nominee's E-mail: | | | | Supervisor's E-mail: | | | |
| Administrative Officer's E-mail: | | | | | | | |
| Functional Position Title (i.e., Chief, XYZ Branch): | | | | | | Grade: | |
| Project Name: | | | | | | | |
| Center or Organization: | | | | | | Mail Stop: | |
| Street Address: | | | | City: | | State: | Zip Code: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other: | | Date of Birth: | | | |
| Degree Level: <input type="checkbox"/> B.S./B.A. <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other: | | Years of PM Experience: | | | | | |
| Special Dietary, Medical, Physical or other requirements: | | | | | | | |

SIGNATURE APPROVALS

| | | | | | |
|-------------------------------|--|-------|-------------------------|----------------------------|-------|
| Nominee's Signature: | | Date: | Supervisor's Signature: | | Date: |
| Training Officer's Signature: | | Date: | \$ Estimate Travel: | Travel Approval Signature: | Date: |

**This form must be signed, dated and forwarded to
CD20/Georgann Crump/Employee and Organizational
Development Department**

**Questions?
Please call Georgann Crump at 544-6525.
You may also visit our web site at:
<http://appl.nasa.gov>**