



National  
Aeronautics and  
Space  
Administration

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

PLEASE CHECK PROGRAM NAME AND INSERT SESSION NUMBER FOR THIS NOMINATION (Refer to the current Agencywide Schedule)

### APPL PROGRAMS

- |                          |                                 |       |       |
|--------------------------|---------------------------------|-------|-------|
| <input type="checkbox"/> | ADVANCED PROJECT MANAGEMENT     | APM   | _____ |
| <input type="checkbox"/> | CONSTRUCTION OF FACILITIES MGMT | CoF   | _____ |
| <input type="checkbox"/> | CoF BEST PRACTICES              | CBP   | _____ |
| <input type="checkbox"/> | ENVIRONMENTAL CON PPM           | ECPPM | _____ |
| <input type="checkbox"/> | GRANT WRITING SEMINAR           | GWS   | _____ |
| <input type="checkbox"/> | INTERNATIONAL PROJECT MGMT      | 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             | TTC   | _____ |

### MISSION SUPPORT PROGRAMS

- |                          |                                  |       |       |
|--------------------------|----------------------------------|-------|-------|
| <input type="checkbox"/> | ENERGY EFFICIENCY & WATER CONSRV | EEWC  | _____ |
| <input type="checkbox"/> | REAL PROPERTY                    | RP    | _____ |
| <input type="checkbox"/> | RELIABILITY CENTERED BLDG/EQUIP  | RCB&E | _____ |

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

DATE ENROLLED IN PMDP: \_\_\_\_\_

PMDP LEVEL (if applicable):  1  2  3  4

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 & DEVEL OF SPACE     | HEDS     | _____ |
| <input type="checkbox"/> | INNOVATIVE DESIGN/ENG APP       | IDEA     | _____ |
| <input type="checkbox"/> | INTERMEDIATE CMMI               | Int-CMMI | _____ |
| <input type="checkbox"/> | INTRODUCTION TO AERONAUTICS     | I-AERO   | _____ |
| <input type="checkbox"/> | INTRODUCTION TO CMMI/CMM        | I-CMMI   | _____ |
| <input type="checkbox"/> | MANAGING S/W PROJECTS w/METRICS | MSWPM    | _____ |
| <input type="checkbox"/> | NET DESIGN EXERCISE             | NDE      | _____ |
| <input type="checkbox"/> | SOFTWARE ACQUISITION - CMM      | SA-CMM   | _____ |
| <input type="checkbox"/> | SOFTWARE CONFIG MGMT            | SCM      | _____ |
| <input type="checkbox"/> | SW PROJECT PLANNING/CONTROL     | SPPC     | _____ |
| <input type="checkbox"/> | SPACE LAUNCH/TRANSPORT SYSTEMS  | SLTS     | _____ |
| <input type="checkbox"/> | SPACE SCIENCE                   | SS       | _____ |
| <input type="checkbox"/> | SYSTEM REQUIREMENTS             | REQ      | _____ |
| <input type="checkbox"/> | SYSTEMATIC SOFTWARE TESTING     | SST      | _____ |
| <input type="checkbox"/> | TOPICS IN ENGINEERING           | TE       | _____ |
| <input type="checkbox"/> | VERIF, VALID & TEST OF SYSTEMS  | VV&T     | _____ |

### PLEASE COMPLETE ALL OF THE FOLLOWING PARTICIPANT INFORMATION

|   |  |  |  |   |                   |                        |           |
|---|--|--|--|---|-------------------|------------------------|-----------|
| TITLE<br><input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> DR.   |  | LAST NAME  |  | FIRST NAME  |                   | MI                     |           |
| NAME TO BE USED ON NAME TAG   |  |  |  | PHONE   |                   | FAX                    |           |
| NOMINEE'S E-MAIL  |  | SUPERVISOR'S E-MAIL  |  | FUNCTIONAL POSITION TITLE (i.e., Chief, XYZ Branch)   |                   |                        | GRADE     |
| PROJECT NAME AND ENTERPRISE   |  |  |  | CENTER OR ORGANIZATION  |                   |                        | MAIL STOP |
| STREET ADDRESS  |  |  |  | CITY  |                   | STATE                  | ZIP CODE  |
| GENDER<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE   |  | CITIZENSHIP<br><input type="checkbox"/> USA <input type="checkbox"/> OTHER _____ |  |   | BIRTH (Month/Day) |                        |           |
| DEGREE LEVEL<br><input type="checkbox"/> BS/BA <input type="checkbox"/> MASTERS <input type="checkbox"/> Ph.D. <input type="checkbox"/> OTHER _____ |  |  |  |   |                   | YEARS OF PM EXPERIENCE |           |
| SPECIAL DIETARY, MEDICAL, PHYSICAL OR OTHER REQUIREMENTS  |  |  |  | I AM A:<br><input type="checkbox"/> NASA CIVIL SERVANT <input type="checkbox"/> NASA CONTRACTOR |                   |                        |           |

### SIGNATURE APPROVALS

|                              |  |  |  |  |  |      |  |
|------------------------------|--|--|--|--|--|------|--|
| NOMINEE'S SIGNATURE          |  |  |  |  |  | DATE |  |
| SUPERVISOR'S SIGNATURE       |  |  |  |  |  | DATE |  |
| TRAINING OFFICER'S SIGNATURE |  |  |  |  |  | DATE |  |