

CUI (when filled in)
APPLICATION FOR THE EVALUATION OF
LEARNING EXPERIENCES DURING MILITARY SERVICE

(Date) (YYYYMMDD)

TO: (Name and address of educational institution,
agency, or employer)

(Name of Applicant)

(Social Security Number)

ATTENTION:

Dear Official:

The applicant named above has requested that the attached summary of educational achievements, accomplished while in the Armed Forces of the United States, be forwarded to you for review and evaluation.

The American Council on Education publishes the Guide to the Evaluation of Educational Experiences in the Armed Services. The Guide series contains postsecondary credit recommendations for selected military courses and occupations. The 1954-1989 Guide contains recommendations spanning the dates 1/1954 - 12/1989, and should be kept as a permanent resource. The current edition contains credit recommendations from 1/1990 to the present, and is published every two years. In addition, supplemental handbooks are issued at 6-month intervals between Guide publications. The handbook contains recommendations for all evaluations conducted after the publication of the current Guide.

This form contains a record of a Service member's military courses and occupations. It should be signed by a military official whose signature certifies that the information that is entered on the form is accurate and is taken directly from original records. ACE ID numbers are entered in column 18 by military education officers.

The American Council on Education maintains an advisory service to provide credit recommendations for courses, tests, and occupations that cannot be located in any of the Guide publications. If ACE ID numbers have been entered into column 18, it is not necessary to submit this form to ACE. If there are questions about any of the entries, the institutional official may contact ACE for additional information. Credit recommendations are not provided to institutions at the applicant's request.

Authorized persons may submit questions to ACE at the following address: American Council on Education, Center for Adult Learning and Educational Credentials, One Dupont Circle, Washington, DC 20036-1193, ATTN: Military Evaluations. Telephone: (202) 939-9470; Fax: (202) 775-8578; e-mail: mileval@ace.nche.edu.

The evaluation of this applicant's learning experiences, as well as any guidance you may provide, should be sent directly to the applicant at the address shown in Block 6 on page 3.

Sincerely,

(Education Officer)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2007; P.L. 104-106; and E.O. 9397.

PRINCIPAL PURPOSE(S): To facilitate an individual's request for evaluation of educational experiences while in the military services.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, you will not be evaluated for your educational experiences during military service if you fail to provide requested information.

INSTRUCTIONS TO APPLICANT

DD Form 295 is for your convenience in applying for evaluation of your educational experiences during military service. Give as much detailed information as possible. Include additional information on separate sheets, if necessary.

Do not use abbreviations.

You are encouraged to write a preliminary letter to the school or agency concerned, explaining your interest in its evaluation of your records for the continuance of your education. Training, correspondence study, or special experiences not described on this form, which you believe would be of interest to those reviewing your case, should be included in this letter.

The applicant should:

- a. Complete items 1 through 14.
- b. If you have attended college or completed any college correspondence courses, ask that college to send a transcript to the Registrar of the evaluating agency that this form is addressed to. **DO NOT LIST ANY COLLEGE OR UNIVERSITY COURSES ON THIS FORM.**
- c. If you have completed any college-level standardized examinations for credit, such as USAFI or DANTES Subject Standardized Tests, or CLEP, ask the appropriate agency to send a score report to the Registrar of the evaluating agency that this form is addressed to. **DO NOT LIST ANY EXAMINATIONS ON THIS FORM.**
- d. After completion, submit this DD Form 295 to the Certifying Officer.

INSTRUCTIONS TO CERTIFYING OFFICER

(Custodian of Personnel Records)

DD Form 295 is intended to provide factual information that schools and other evaluating agencies require for evaluation of the applicant's educational achievement. By your signature, you verify that all information is accurate and taken directly from military records.
CERTIFYING OFFICERS WILL NOT MAKE RECOMMENDATIONS REGARDING CREDIT TO BE AWARDED.

The certifying officer should:

- a. Complete items 15 through 17, in ink (or type). Supplemental sheets may be used.
- b. Insure that the information provided in Section II is documented in the applicant's Service Record. Names of schools or courses should not be abbreviated.
- c. Send this DD Form 295 to the Education Officer.

INSTRUCTIONS TO EDUCATION OFFICER

The education officer should:

- a. Complete item 18.
- b. Counsel the service member.
- c. Complete page 1. The name and address of the evaluating agency should be the same as that listed at the top of page 3 of this form.

PAGE 1 IS IN ADDITION TO, AND NOT A SUBSTITUTE FOR, THE LETTER TO BE WRITTEN TO THE EVALUATING AGENCY BY THE APPLICANT.

- d. Mail DD Form 295 directly to the designated evaluating agency.

**APPLICATION FOR THE EVALUATION OF LEARNING EXPERIENCES
DURING MILITARY SERVICE**

TO (Name and address of educational institution, agency, or employer)

SECTION I - TO BE COMPLETED BY APPLICANT

1. NAME (Last, First, Middle Initial) 2. GRADE/RANK OR RATING 3. SOCIAL SECURITY NO. 4. PREVIOUS SERVICE NUMBER(S)

5. PRESENT BRANCH OF SERVICE (Includes National Guard and Reserve components)
 ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD

6. APPLICANT'S MAILING ADDRESS FOR REPLY FROM EDUCATIONAL INSTITUTION

7. DATE OF BIRTH (YYYYMMDD) 8. PERMANENT HOME ADDRESS

CIVILIAN EDUCATION

9. HIGHEST GRADE OF SCHOOL COMPLETED (X one)
 6 7 8 9 10 11 12

10. HIGHEST YEAR OF COLLEGE COMPLETED (X one) 11. COLLEGE DEGREE EARNED (X if applicable)
 NONE FRESHMAN (1 - 29 S.H.) SOPHOMORE (33 - 59 S.H.) JUNIOR (60 - 89 S.H.) SENIOR (90 - 100 S.H.) ASSOCIATE BACHELOR

12. EDUCATIONAL INSTITUTION LAST ATTENDED

a. NAME b. MAILING ADDRESS

13. MILITARY CORRESPONDENCE COURSES COMPLETED (The applicant should attach a copy of the course completion letter or certificate.)

a. COURSE NAME (If no courses were taken, print NONE)	b. ACE GUIDE COURSE OR OCCUPATION IDENTIFICATION NUMBER	c. COURSE SPONSOR (AIPD, MCI, ECI, CGI)	d. DATE COURSE COMPLETED (YYYYMMDD)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			

14. APPLICANT CERTIFICATION: I have read the Privacy Act Statement on Page 2.

a. SIGNATURE b. DATE SIGNED (YYYYMMDD)

SECTION II - TO BE COMPLETED BY CERTIFYING OFFICER

(Read Instructions on Page 2 before completing this page)

15. FORMAL SERVICE SCHOOLS ATTENDED <i>(If 40 hours in 5 consecutive days, or if longer than 32 hours in 5 consecutive days.) (If none, print NONE.)</i>							18. ACE GUIDE COURSE OR OCCUPATION IDENTIFICATION NO. <i>(To be filled out in Education Center)</i>
a. COURSE TITLE <i>(Do Not Abbreviate)</i>	b. MILITARY COURSE NUMBER	c. NAME OF SCHOOL, CITY, STATE	d. DATE ENTERED <i>(YYYYMMDD)</i>	e. LENGTH <i>(In weeks)</i> <i>(Note 1)</i>	f. DATE COMPLETED <i>(YYYYMMDD)</i>	g. FINAL MARK AND/OR CLASS STANDING <i>(Note 2)</i>	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

16. MILITARY OCCUPATIONAL HISTORY				
a. MILITARY SPEC. CODE <i>(MOS, AFSC, Rate, etc.)</i> <i>(Note 3)</i>	b. MILITARY OCCUPATIONAL TITLE <i>(Do Not Abbreviate)</i>	c. DATES HELD		
		(1) FROM <i>(YYYYMMDD)</i>	(2) TO <i>(YYYYMMDD)</i>	
(1)				
(2)				
(3)				

NOTES: 1. Print **SP** if course length was self paced. 2. If information is available, give grade received. If class standing is shown, give number in class, e.g., 10 in 241. 3. List most recent skill levels or grade. 4. MOS/SQT/SDT Evaluation Score and date of evaluation.

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR A DULY AUTHORIZED NONCOMMISSIONED OFFICER.

I certify that the information contained herein has been compared with official records, and that this information is correct.

17. CERTIFYING OFFICER		
a. NAME <i>(Print or Type)</i>	b. GRADE/RANK	c. MILITARY ADDRESS <i>(Include ZIP Code)</i>
d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>	