

# JBLM Cyber Security Branch

Signal Leader Development College, 422nd Signal Battalion

## ONE ENROLLMENT FORM PER STUDENT

### Student Enrollment Information

SUBJECT: Develop Cybersecurity (CS) Workforce Personnel		Date: _____
1. Reference: AR 25-2 Chapter 3, DoDD 8140.01 and DoD 8570.01M		
Student's Full Name: _____	Rank/Grade: _____	
.mil or .gov eMail Address: _____	Duty Position: _____	
Branch of Service: _____	MOS/Series: _____	IA Category: _____
Emergency Contact: _____	Emergency Phone: _____	

### Information Assurance Manager (IAM) OIC/NCOIC

#### Unit S6/G6 OIC/NCOIC

Full Name: _____	Phone: _____
Rank: _____	IA Position: _____
.mil eMail Address: _____	
Unit Name: _____	
Unit Address: _____	

### Please answer YES or NO to the following questions:

	Yes/No
1. Skillport Learning Modules for the requested class have been completed?	
2. Student's passing score for DoD Measureup test has been uploaded into ATCTS? ( <a href="https://dod.measureup.com/web/login.php">https://dod.measureup.com/web/login.php</a> )	
3. IA Voucher for the Student has been Submitted? <a href="mailto:usarmy.belvoir.hqda-cio-g-6.mbx.training-and-certification@mail.mil">usarmy.belvoir.hqda-cio-g-6.mbx.training-and-certification@mail.mil</a>	

### Requested Class Selection

Network+  
Security+  
CISSP  
CISM

**SAVE THIS FORM AS:** Student's last name & class number **Ex: Martinez 001-19**  
**EMAIL THIS FORM TO:** [Luis.l.martinez.ctr@mail.mil](mailto:Luis.l.martinez.ctr@mail.mil) or [eric.struck@succeedtolead.com](mailto:eric.struck@succeedtolead.com)