

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

(Date)

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

EVALUATION REQUEST FOR:

(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* which includes postsecondary credit evaluations of military learning experiences. The 1954 edition of the *Guide* contains recommendations for formal courses offered by the Armed Services during the period 1941 to 1954. The current edition contains credit recommendations for (1) military training courses offered after 1954; (2) Army military occupational specialties (MOS's) for enlisted personnel and warrant officers; (3) ratings held by Navy and Coast Guard enlisted personnel; and (4) occupational designators held by Navy and Coast Guard warrant officers and Navy limited duty officers. In addition to recommendations for semester hour credits, some Army enlisted MOS's and Navy ratings also have recommendations for advanced standing in apprentice training programs.

The American Council on Education maintains an advisory service to provide credit recommendations for courses and tests, MOS's, ratings, and other occupations evaluated after the publication date of the current *Guide*. Credit recommendations are provided to officials of schools, state departments of education or other educational institutions, employers, apprenticeship training directors, labor union and trade association officials, military education officers and applicants. *Credit recommendations are not provided to officials at the applicant's request.* Authorized persons may write directly to the Military Evaluations Program Office, American Council on Education, One Dupont Circle, N.W., Washington, D.C. 20036-1193.

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

Sincerely,

(Education Officer)

Privacy Act Statement

AUTHORITY: 5 USC 301 and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: To permit authorized agencies to evaluate military experience for academic placement and/or employment.

ROUTINE USES: Used at the request of the individual for the evaluation of military training.

DISCLOSURE: Voluntary; however, failure to provide requested information impedes the evaluation process by educational institutions or potential employers.

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.

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 15.
- 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. **CERTIFYING OFFICERS WILL NOT MAKE RECOMMENDATIONS REGARDING CREDIT TO BE AWARDED.**

The certifying officer should:

- a. Complete items 16 through 18.
- 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 19.
- 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) <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. NAVY <input type="checkbox"/> c. AIR FORCE <input type="checkbox"/> d. MARINE CORPS <input type="checkbox"/> e. COAST GUARD			
6. APPLICANT'S MAILING ADDRESS FOR REPLY FROM EDUCATIONAL INSTITUTION			
7. DATE OF BIRTH	8. PERMANENT HOME ADDRESS		

CIVILIAN EDUCATION

9. HIGHEST GRADE OF SCHOOL COMPLETED (X one) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
10. HIGHEST YEAR OF COLLEGE COMPLETED (X one) <input type="checkbox"/> a. NONE <input type="checkbox"/> b. FRESHMAN <input type="checkbox"/> c. SOPHOMORE <input type="checkbox"/> d. JUNIOR <input type="checkbox"/> e. SENIOR		11. COLLEGE DEGREE EARNED (X if applicable) <input type="checkbox"/> a. ASSOCIATE <input type="checkbox"/> b. BACHELOR	
12. EDUCATIONAL INSTITUTION LAST ATTENDED			
a. NAME		b. MAILING ADDRESS	

13. USAFI COURSES COMPLETED IN SERVICE (Prior to 1974) (The applicant should request a transcript for all courses to be forwarded directly to the evaluating agency.)			
a. CATALOG NUMBER AND TITLE OF COURSE (If no courses were taken, print NONE)	b. METHOD OF STUDY (Correspondence, self-teaching, locally conducted classes, etc.)	c. LOCATION WHERE COMPLETED	d. DATE COURSE COMPLETED
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

14. MILITARY CORRESPONDENCE COURSE 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. COURSE SPONSOR (AIPD, MCI, FCI, CGI)	c. DATE COURSE COMPLETED
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

15. APPLICANT CERTIFICATION: I have read the Privacy Act Statement on Page 2.	
a. SIGNATURE	b. DATE SIGNED

SECTION II - TO BE COMPLETED BY CERTIFYING OFFICER
(Read Instructions on Page 2 before completing this page)

16. FORMAL SERVICE SCHOOLS ATTENDED (if longer than one week) (if none, print NONE)		19. ACE GUIDE COURSE OR OCCUPATION IDENTIFICATION NO. (To be filled out in Education Center)				
a. COURSE TITLE	b. MILITARY COURSE NUMBER	c. NAME OF SCHOOL, CITY, STATE	d. DATE ENTERED	e. LENGTH (in weeks)	f. DATE COMPLETED	g. FINAL MARK AND/OR CLASS STANDING ²
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

17. MILITARY OCCUPATIONAL HISTORY		18. CERTIFYING OFFICER	
a. MILITARY SPEC. CODE (MOS, AFSC, Rate, etc.) ³	b. MILITARY OCCUPATIONAL TITLE (Do Not Abbreviate)	c. GRADE/RANK	d. DATE SIGNED
(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 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.

18. CERTIFYING OFFICER		e. MILITARY ADDRESS (Include ZIP Code)	
a. NAME (Print or Type)	b. GRADE/RANK		
d. SIGNATURE	e. DATE SIGNED		