

**OHIO MILITARY RESERVE TRAINING ACADEMY**  
Request for Resident Course Enrollment

DATE:	SSN:	
NAME:		
<i>Last</i>	<i>First</i>	<i>MI</i>
RANK:	UNIT:	
<i>Rank/Grade</i>	<i>Date of Rank</i>	<i>Brigade</i> <i>Battalion</i> <i>Company</i>
HOME ADDRESS:		
<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
CONTACT NUMBERS:		
<i>Home</i>	<i>Work</i>	<i>E-mail</i>
*UNIT ADDRESS:		
<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
COURSE NAME:		
COURSE DATES:		
UNIT LEVEL S3: UNIT COMMANDER:		
<p>I commit to attend all class sessions in the series. I understand that missing class could result in failure and/or the need to repeat missed session(s) or the entire course, and that such decision will be made by OHMR TA command.</p> <p><i>Applicant Signature:</i></p>		
<p><b>OHMR Training Academy Use Only:</b></p> <p><input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Not accepted (reason must be stated)</p>		
Academy Official (printed name, signature & date)		

\*After request has been reviewed and signed by OHMR TA official, a copy will be mailed to the unit level S3. Use an address that will ensure the signed copy reaches unit level S3. It is the S3's responsibility to notify applicant of acceptance/non-acceptance.

*Completed request form should be mailed to:*

*For information contact:*