



# NASA Engineering Training Programs (NET) Participant Nomination Form

Please check the program name and insert the session number for this nomination (refer to the current Agencywide Schedule):

### NET Programs

- |   |          |       |  |        |       |
|---|----------|-------|--|--------|-------|
| <input type="checkbox"/> Advanced Manufacturing             | A-MANU   | _____ | <input type="checkbox"/> Managing S/W Projects w/Metrics   | MSWPM  | _____ |
| <input type="checkbox"/> Design for Assembly                | DA       | _____ | <input type="checkbox"/> NET Design Exercise               | NDE    | _____ |
| <input type="checkbox"/> Designing World-Class Processes    | DWP      | _____ | <input type="checkbox"/> Software Configuration Management | SCM    | _____ |
| <input type="checkbox"/> Earth Science                      | ES       | _____ | <input type="checkbox"/> Software Acquisition - CMM        | SA-CMM | _____ |
| <input type="checkbox"/> Human Expl & Developmnt of Space   | HEDS     | _____ | <input type="checkbox"/> Software Project Planning/Control | SPPC   | _____ |
| <input type="checkbox"/> Innovative Design/Eng Applications | IDEA     | _____ | <input type="checkbox"/> Space Launch/Transport Systems    | SLTS   | _____ |
| <input type="checkbox"/> Introduction to Aeronautics        | I-AERO   | _____ | <input type="checkbox"/> Space Science                     | SS     | _____ |
| <input type="checkbox"/> Introduction to CMMI/CMM           | I-CMMI   | _____ | <input type="checkbox"/> System Requirements               | REQ    | _____ |
| <input type="checkbox"/> Intermediate CMMI                  | Int CMMI | _____ | <input type="checkbox"/> System Software Testing           | SST    | _____ |
| <input type="checkbox"/> Manufacturing Systems & Processes  | MANU     | _____ | <input type="checkbox"/> Topics in Engineering             | TE     | _____ |
| <input type="checkbox"/> Mars Mission/System Design         | MMSD     | _____ | <input type="checkbox"/> Verif, Valid & Test of Systems    | VV&T   | _____ |
| <input type="checkbox"/> Mastering Process Improvement      | MPI      | _____ |  |        |       |

Please complete **ALL** of the following participant information: I am a  NASA Civil Servant  NASA Contractor

Mr.  Ms.  Dr. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Name to be used on name tag: \_\_\_\_\_ Phone: \_\_\_\_\_

Nominee's E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Functional Position Title (i.e., Chief, XYZ Branch): \_\_\_\_\_ Enterprise: Choose from the drop-down list:

If more than one Enterprise please list all: \_\_\_\_\_

Grade: \_\_\_\_\_ Project Name: \_\_\_\_\_

Center or Organization: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female Citizenship:  USA  Other: \_\_\_\_\_ Birth Month/Day: \_\_\_\_\_

Degree Level:  B.S./B.A.  Masters  Ph.D.  Other: \_\_\_\_\_ Years of PM Experience: \_\_\_\_\_

Special Dietary, Medical, Physical or other requirements: \_\_\_\_\_

### SIGNATURE APPROVALS

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Officer's Signature

\_\_\_\_\_  
Date

**Completed Forms should be returned to your designated NET Training Representative  
Questions? Please call RGI at (703) 820-4900 or visit <http://nasapeople.nasa.gov>**