

NATIONAL INTELLIGENCE UNIVERSITY DAYTIME PROGRAM APPROVAL FORM

NAME (Last)	(First)	(MI)		GRADE/RANK
EMAIL ADDRESS (Non-Secure)			EMAIL ADDRESS (Secure)	
CURRENT ORGANIZATION			POSITION TITLE	
PROGRAM NAME				

understands and agrees that, if accepted into this NIU program, he/she will be released from duty at the parent organization for up to ______ hours per week to attend NIU classes, perform coursework, study, and/or perform NIU thesis-related research and writing.

understands and agrees that he/she may attend unclassified NIU classes virtually, study, perform coursework or thesis-related research and writing from home during official duty hours only with supervisor approval and completion of an approved telework agreement with the parent organization.

APPLICANT'S SIGNATURE	DATE			
PARENT ORGANIZATION AUTHORIZING OFFICIAL PRINTED NAME				
PARENT ORGANIZATION AUTHORIZING OFFICIAL TITLE AND CONTACT PHONE NUMBER				
PARENT ORGANIZATION AUTHORIZING OFFICIAL SIGNATURE	DATE			