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Student Information Entry

Basic Information:

Fields with * are required.	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="text" value="Type Last Name for lookup"/> </div> <p style="font-size: small; color: red;">You must click the "Check for Existing Student" button to use a previously used Name/SCN combo or add to the fields in the form below to create a new name and SCN combo.</p>	
*Last Names :	<input type="text"/> <div style="float: right;">FIN:</div>
*First Name :	<input type="text"/> <div style="float: right;">Student Control No.:</div>
*Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	<div style="float: right;">Flight Crew:</div> <input type="text"/>
Country Svc: (PO) Air Force (D)	<div style="float: right;">Sec Clearance:</div> <input type="text" value="--No Clearance Selected--"/>
*Military/Org Unit:	<div style="float: right;">Unit/Org Date:</div> <input type="text"/>
*Birth City:	<div style="float: right;">Country Svc No.:</div> <input type="text"/>
*Birth Date:	<div style="float: right;">Req Clearance:</div> <input type="text"/>
*Birth country: Required	<div style="float: right;">Country of Citizenship:</div> <input type="text" value="Fiji"/>
*Student Code & US Grade: -- Select a Student Code/Grade --	<div style="float: right;">US Rank Equivalent:</div> <input type="text"/>
	<div style="float: right;">Country Rank:</div> <input type="text"/>
Security Screening Date: <input type="text"/> Medical Screening Date: <input type="text"/> Email Address: <input type="text"/>	

Student and Authorized Dependent Medical Billing Information:

Fields with * are required if an Insurance Company name is added.

IMS Medical Bills should be sent to (Billing Information)

IMS Qualifying Health Insurance

Insurance Company:

*Policy Number:

*Mailing Address:

*Phone Number:

Dependent Health Care Bills should be sent to (Billing Information)

Dependent Qualifying Health Insurance

Insurance Company:

*Policy Number:

*Mailing Address:

*Phone Number:

Remarks:

Student Passport and VISA Information:

Passport/Visa information for this student:

*Passport Number	*Issue Date	*Expiration Date	*Issuing Country	*Issuing Place
XXXXXXXXXX	07/01/2014	07/31/2014	XXXXXXXXXX	XXXXXXXXXXXX

No Visas have been created for this student.

Add additional Visa for this student:

Visa Type Visa No Visa Issue Date Visa Exp Date Visa Issue Place

- A-2
- E-1
- NATO-2
- NATO-6

Authorized Dependent Information:

Add Dependent:

Relationship	*First Name	*Last Name	Gender	Birth Date
Child <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	Male <input type="button" value="v"/>	<input type="text"/>
Country	Nationality	Citizen 1	Citizen 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Background				
<input type="text"/>				
Passport #	Passport Issue Date	Passport Exp Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Visa Type	Visa #	Visa Issue Date	Visa Exp Date	
A-2 <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Student Language Scores:

Add additional Score for this student:

Type	Tester	Test Site	Test Score	Exam Ver	Test Dt	Pass?
ECL						<input type="checkbox"/>
GRE						
OPI						
ECL						
TOEFL						

Student Arrival Information

STUDENT INFORMATION - [Personal](#) [Medical Billing](#) [Passports and Visas](#) [Dependents](#) [Test Scores](#) [IMSI Bio](#) [Arrival Message](#) [Career Path and/or PoP](#)

[Return to List](#)

Basic Info Medical Billing Passports and Visas Dependents Test Scores IMSI Bio Arrival Message Career Path and/or PoP

Fields with * are required.

First Training Point of Contact: [XXXXXXXXXX](#)

First Location: [XXXXXXXXXX](#)

POC Email Address: [XXXXXXXXXX@edu.edu](#)

Position of Prominence:

Number of Accompanying Dependents: 0

Please enter required information to assist with a timely IMS pickup

Terminating U.S. Airport Flight Information

Additional Remarks to Include connecting Flights

Airline:

Flight No.:

Arrival Time:

Airport:

*Date:

Record Locator:

*fields with grey backgrounds are not editable.

1. NAME OF NATIVE COUNTRY		2. DATE PREPARED		3. SCHEDULED DATE OF ARRIVAL IN U.S. <small>*Per Date in Arrival Message</small>	
4. NAME OF STUDENT		a. FULL NAME (In Roman letters in order normally used, with surname in capital letters. Provide accent for last name, or phonetic pronunciation, as appropriate)		b.NAME(s) BY WHICH INDIVIDUAL PREFERENCES TO BE ADDRESSED	
(1) IN OFFICIAL CORRESPONDENCE		(2) ORALLY AT OFFICIAL GATHERINGS		(3) FULL NAME IN NATIVE ALPHABET (Including Standard Telegraphic Code or other transcription code)	
(4) VARIANTS, ALIASES OR NICKNAMES		5. RANK(Full official terms)		6. DATE OF RANK	
a. ENGLISH LANGUAGE		b. NATIVE LANGUAGE		Enlisted - E6	
7. POSITION/BILLET		a. PRESENT POSITION(Position prior to U.S. training tour)		b. MILITARY ADDRESS	
c. ANTICIPATED POSITION UPON RETURN TO NATIVE COUNTRY		d. SCHEDULED DATE OF DEPARTURE FROM U.S. (YYYYMMDD)		e. SCHEDULED U.S. SERVICE SCHOOL(s)	
f. SCHEDULED COURSE(s)		8. BRANCH OF MILITARY SERVICE		9. SPECIALTY/OTHER ORGANIZATIONS(Ministry of Defense, space programs, etc.)	
Air Force		10. DATE OF BIRTH (YYYYMMDD)		11. PLACE OF BIRTH (Town, State, Province, Country)	
Male		12. Sex		13. HOME ADDRESS	
14. TELEPHONE NUMBER (Include area code if applicable)		15. Marital Status (x one)		a. HEIGHT (Inches)	
a. Home		b. Work		b. WEIGHT (Pounds)	
c. COLOR OF HAIR		d. COLOR OF EYES		e. FACIAL HAIR (X if applicable)	
none				Mustache Beard	

16. CITIZENSHIP (Indicate country(ies))		17. NATIONALITY		18. RELIGIOUS AFFILIATION (if any)	
19. TITLES, HONORIFICS(Prince, Doctor, Pandit, etc.)		20. HIGH ORDER DECORATIONS (Native, U.S., other; explain)		21. PHYSICAL DESCRIPTION	
22. MEMBERSHIP IN ORGANIZATIONS (Professional, social, military, other. Enter inclusive dates of membership(YYYYMMDD))		23. PREFERENCES (Food, drink, tobacco, entertainment, sports, hobbies, other special interests.)		24. PUBLISHED WORKS BY OR ABOUT INDIVIDUAL (Title of article or book; if article, name of publication in which appearing date published (YYYYMMDD))	
25. CIVILIAN EDUCATION (University, college or highest level schools, locations, major courses, degrees, honors; inclusive dates (YYYYMMDD))		26. LANGUAGES (Proficiency, dialects, degree of fluency, ability to act as translator/interpreter.)		27. INTERNATIONAL TRAINING/TRAVEL (Countries, dates (YYYYMMDD), purpose)	
28. PHOTO SUBMITTED (X)		YES NO		29. DATE OF PHOTO, IF SUBMITTED	
30. MILITARY SERVICE (Chronologically, inclusive dates (YYYYMMDD) and location(s). Military schools, in-country and foreign; promotions(specify rank and dates - YYYYMMDD); foreign service; units served/positions held; retired/reserve status; involvement with programs/activities/key people. Use additional pages, if necessary.)					

31. DEPENDENCY DATA (If accompanied)			
a. FULL NAME OF SPOUSE		b. DATE OF BIRTH OF SPOUSE	
c. PLACE OF BIRTH OF SPOUSE		d. CITIZENSHIP OF SPOUSE	
e. NATIONALITY OF SPOUSE		f. CHILDREN (If accompanied)	
(1)NAME	(2) SEX	(3) DATE OF BIRTH	

Student Career and Prominent Position Information:

Add A Prominent/Career Position:

Position type:
 Career Position Prominent Position

* Title:

* Effective Date: Estimated

Attainment Method: --- Select an Attainment Method ---

Cessation Method: --- Select a Cessation Method ---

Cessation Date: Estimated

Organization/Unit:

Personnel Type: -- Select a Personnel Type --

Student Code & US Grade: -- Select a Student Code/Grade --

* Precedence Cat Cd: --- Select a VIP position ---

Attainment Method Description:

Cessation Method Description:

--- Select an Attainment Method ---	--- Select a Cessation Method ---	--- Select a VIP position ---	-- Select a Personnel Type --
Appointment/Selection	Deceased	Head of State	Non-governmental Civilian
Coup d'etat	Other	Deputy Heads of State	Contractor
Dynastic Succession	Promoted	GEN/ADM (4 star) or CIV Equiv	Enlisted
Election	Retired	GEN/ADM (3 star) or CIV Equiv	Governmental Civilian (not in ministry of defense)
Hereditary Succession	Separated	GEN/ADM (2 star) or CIV Equiv	Governmental Civilian (in ministry of defense)
Merit Promotion	Transferred - Promotion Unknown	GEN/ADM (1 star) or CIV Equiv	Officer (neither Warrant nor Senior)
Nomination with Concurrence		COL/CAPT (O6) or CIV Equiv	Senior Officer
Other		Other Prominent Officials	Warrant Officer
Promotion via Seniority			

Arrival and Enrollment

IMET: 1-Year Intl. Military Education and Training - XXXXXXXXXX

Actual student date(s) for this course

Arrival Date:

08-Jul-14



Start (Enroll) Date:

17-Jul-14



Remarks:

Emails - Send this information via email to...

CPM

SCO

Additional Emails

Please separate multiple emails with a semicolon (;)

Save / Update

Progress Message (PM)

Based on your selection the following PM will be saved:

AR - Arrived/Reported as Scheduled

EN - Enrolled as Scheduled

Completed and Departure

INL: Intl. Narcotics and Law Enforcement - [REDACTED]

Actual student date(s) for this course

Arrival Date:	5/19/2014
Start Date:	5/21/2014
STL End Date:	7/9/2014
Completion Date:	<input type="text"/>
Completed Status:	-- Select a Completed Status --
Honor Graduate:	Yes <input type="radio"/> No <input checked="" type="radio"/>
Departure Date:	<input type="text"/>
Departure Status:	-- Select a Departure Status --
Brief Remarks:	<input type="text"/>

-- Select a Completed Status --
Completed Tng as Scheduled (CP)
Completed Tng Not as Scheduled (CY)
Completed Tng with Certificate as Scheduled (CO)
Completed Tng with Certificate Not as Scheduled (CX)
Completed Tng with Diploma as Scheduled (CD)
Completed Tng with Diploma Not as Scheduled (CV)
Eliminated - Academic Deficiency (EA)
Eliminated - Disciplinary (ED)
Eliminated - Flying Deficiency (EF)
Eliminated - IMS Requested (EE)
Eliminated - Medical Reason (EM)
Eliminated - Other (EO)

-- Select a Departure Status --
Departed as Scheduled (DT)
Departed not as Scheduled (DX)

Emails - Send this information via email to...

<input type="checkbox"/> CPM	[REDACTED]
<input type="checkbox"/> SCO	[REDACTED]
<input type="checkbox"/> next IMSO	[REDACTED]
<input type="checkbox"/> Additional Emails	<input type="text" value="Please separate multiple emails with a semicolon (;)"/>

+ SFX B - ADD PROGRESS MESSAGE

Email Recipients: [REDACTED]

Progress Message: -- Choose Progress Message --

Comments:

-- Choose Progress Message --

- A.W.O.L. (TG)
- Academic Warning (AW)
- Deceased (TK)
- Disciplinary Probation (DP)
- Disciplinary Warning (DW)
- Emergency Leave (TQ)
- Extended - Academic (WA)
- Extended - Language (WL)
- Extended - Weather (WE)
- Extended - Flying (WF)
- Extended - Medical (WM)
- Extended- Administrative (WC)
- Free Text (FT)
- Hold - Administrative Reasons (HA)
- Hold - Awaiting Country Disposition (HC)
- Hold - Medical (HM)
- Holiday Leave (HL)
- Hospitalized (TH)
- Missing Medical/Admin Information (MR)
- No Show (NS)
- Ordinary Leave (TL)
- Probation Academic (PA)
- Repeat Block of Instruction (WR)
- Sick Leave (SL)
- Students Assigned to Quarters for Medical Services (QT)
- Travel Information (TV)
- Withdrawal - Administrative (DA)

Student Academic Report Upload:

Academic Report (DD2496)

Friday, July 11, 2014

Only IMSOs can upload an AER. There can only be one upload per-student per-training line. Sometimes an IMSO uploads a ZIP file in which case you need to save the file to disk, extract the file(s) and then view them. If you cannot find an AER in question, you may need to change the 'Ending Trng During' option.

Ending Trng During	Country	Service	Uploaded By	Location	Case ID	WCN	MASL	<input type="button" value="Filter"/>
Last 6 Months	All	- All -	- All -	- All -				

508 Results

« 1 2 3 4 5 6 7 8 9 10 ... »								Page size: 50	508 items in 11 pages
Row	Name	Case Identifier	Loc	Start	End	MASL ID	Title	Document	
1.									
2.									
3.									
4.									

Counter Terrorism Fellowship Program Nomination:

Course Information:

SFX	Activity	ECL	MASL	Title	Report Dt	Total Cost	TLS

Student Information:

Last Name:

First Name:

Gender:

Military Unit:

Country Service:

Birth Date:

Birth City:

Birth Country:

Student Code and U.S. Grade:

Student Email address:

Country Grade:

Other needed Information:

U.S. Equiv title of position:

How does this person support their country's combating terrorism effort?:

***If the "ECL minimum met" value is NO or EXEMPT, you must add a remark in the "SCO brief remarks" box.

ECL minimum met: ECL Score: TOEFL Score:

Vetting Information that MUST be completed:

Human rights vetting completed: (if yes, then complete the following 2 items)

Name of U.S. State Dept. official completing human rights vetting: on (date)

Title of U.S. State Dept. official completing human rights vetting:

-----OR-----

INVESS Number: on (date)

Candidate upload information:

Uploaded files:

Upload a file: Step 1 of 2 (select the file):

Step 2 of 2 (Upload the file):

NOTE Do NOT use special characters in the file name. ex: & + % # Otherwise, you may have trouble retrieving the file!

Country Submittal information :

Ambassador Approval? <--This must be completed

Country Team Approval? <--This must be completed

SCO Final Submittal? [If yes, COCOM coordinator FOR ACTION email will be sent]

SCO brief remarks:

Other Information

Team After Action Summary:

You are editing the After Action Information for

Track Line:		MASL/Course Title:				
Team ID:	Call Up Date:	MTT Request Date:	Request Start Date:	Team Depart Date:		
AAR Due Date:		AAR Received Date:				
*Event Dt:	<input type="text"/>	(when training started)	Military Student(s)	0 <input type="button" value="Calc"/>	Civilian Student(s)	0 <input type="button" value="Calc"/>
*SCO Remarks:						
<input type="text"/>						
<input type="button" value="Submit"/>						

Security Cooperation Training Manager Point of Contact Information:

Afghanistan

Update Existing Point of Contact (POC)

Rank/Name:	<input type="text"/>																
eMail Address	<input type="text"/>																
Program(s) of Responsibility:	<table><tr><td>Army</td><td><input type="radio"/> Primary</td><td><input checked="" type="radio"/> Alternate</td><td><input type="radio"/> None</td></tr><tr><td>Air Force</td><td><input type="radio"/> Primary</td><td><input checked="" type="radio"/> Alternate</td><td><input type="radio"/> None</td></tr><tr><td>Maritime</td><td><input type="radio"/> Primary</td><td><input checked="" type="radio"/> Alternate</td><td><input type="radio"/> None</td></tr><tr><td>Other</td><td><input type="radio"/> Primary</td><td><input checked="" type="radio"/> Alternate</td><td><input type="radio"/> None</td></tr></table>	Army	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None	Air Force	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None	Maritime	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None	Other	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None
Army	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None														
Air Force	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None														
Maritime	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None														
Other	<input type="radio"/> Primary	<input checked="" type="radio"/> Alternate	<input type="radio"/> None														
Phone Number:	<input type="text"/>																
Please Use: XXX-XXX-XXXX format for all phone numbers.																	
Fax Number:	<input type="text"/>																
DSN Phone Number:	<input type="text"/>																
DSN Fax Number:	<input type="text"/>																
Message Address:	<input type="text"/>																
Mailing Organization:	<input type="text"/>																
Mailing address to be used for receiving students' RIM. Do Not Use Dept of State or Diplomatic Pouch addresses																	
Address line:	<input type="text"/>																
Address line:	<input type="text"/>																
Address line:	<input type="text"/>																
City/State/Zip	<input type="text"/>																

* Mailing address to be used for receiving students' RIM. Do Not Use Dept of State or Diplomatic Pouch addresses

IMSO Point of Contact Information:

Update Point of Contact (POC)

AVIATION SCHOOL [\(011\)](#)

FORT RUCKER, AL

Name *:

* Please DO NOT include multiple NAMES. If you have multiple names addresses on this page, please remove before saving.

eMail Address:

* Please DO NOT include multiple eMail addresses. If you have multiple eMail addresses on this page, please remove before saving.

Location Role / Contact Type * :

Primary International Military Student Officer (PRI IMSO) ▼

* You can define a role for each individual at your location by selecting location Role and Contact Type. You can setup a PRIMARY IMSO and a FIRST ALTERNATE IMSO. In order to receive ITO information, you must have at least a primary International Military Student Officer or primary contractor POC.

Title:	
Message Format:	
Phone Number: Recommended format: XXX-XXX-XXXX	
Fax Number:	
DSN Phone Number:	
DSN Fax Number:	
Address1:	
Address2:	
Address3:	
Address4:	
City */State */Zip *	FORT RUCKER AL 36362