



# Broadened Language Training System (BLTS)

## Enrollment Request Form

Date:

Student Information	
Name	
DoD Email Address	
Best Contact Email	
Phone Number	(including area code)
Location (City/State/Country)	
Unit	
Unit Phone Number	(Commercial and DSN; including area code)
CLPM / Training Manager Information	
Name	
Email / Telephone	(including area code)

SSN	Gender	Service	Grade	MOS	FAO
					YES NO

Language:					
Most Recent DLPT Score		Most Recent DLPT Date			
Desired Start Date:					
Desired End Date:					
Available Day(s) of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday
Available Hours of the Day: ( <b>Pacific Time</b> )	From (hh:mm):				
	To (hh:mm):				
Goals and Objectives					

Point of Contact
<b>Mr. Madison S. Hughes</b> Non-Resident Scheduling Administrator madison.hughes@dliflc.edu (831) 242-5847

Official Use Only
<b>Programs:</b> <input type="radio"/> BLTS <input type="radio"/> JFP <input type="radio"/> AFPAK <input type="radio"/> OTHERS _____