



Office of
Intelligence
and Analysis

DHS INTELLIGENCE TRAINING ACADEMY STUDENT REGISTRATION FORM

COURSE INFORMATION

Course Title:

Course Dates:

Course Number:

Course Location:

Have you reviewed the prerequisites for this class?

STUDENT INFORMATION

Student's Full Name:

Supervisor's Name:

Job Title (spell out):

Supervisor's Email:

E-mail Address:

Supervisor's Contact Number:

Contact Number:

Your supervisor approved
your attendance of this
course?

Organization (Spelled out):

Duty Location: City

State

Zip Code

GENERAL INFORMATION

Country of Citizenship United States

Other

Are you an Intelligence Analyst?
If no, please provide justification

Yes

No

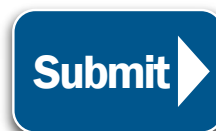
FEDERAL EMPLOYEES ONLY

If you are assigned to I&A please provide your Division (spell out):

N/A

Federal Career Series & Grade (GS-0132-12) Non-Federal Provide Title and Rank (Police Officer – Lieutenant)

List the ITA courses you have completed:



If you have any questions about filling out this form, please contact IA-Registrar at 202-275-4160 or via e-mail IA-Registrar@hq.dhs.gov