NAVAL EDUCATION AND TRAINING PROFESSIONAL DEVELOPMENT AND TECHNOLOGY CENTER (NETPDTC) STUDENT CAREER EXPERIENCE PROGRAM (SCEP) EDUCATION TRAINING PLAN AGREEMENT

This is to acknowledge receipt of the position description _____, located in Code _____, and the NETPDTC Training Plan for SCEP students.

I certify I have read and understand the plan and agree in particular with the following:

Promotion under the plan is not guaranteed but is dependent upon my completing the training as specified, satisfactory work performance and adhering to my school's program requirements. Given that other factors arise, the training plan is subject to change.

Authorization is granted for the release of my grade transcripts and other information pertinent to the Student Career Experience Program by my educational institution.

_____

STUDENT NAME (PRINTED OR TYPED)

_____

STUDENT SIGNATURE

_____

DATE