SCHOOL OF ADVANCED WARFIGHTING
BIOGRAPHICAL TEMPLATE FOR STUDENTS

Name: _____ Nickname/Preferred Name:
LAST FIRST MI

Date of Birth _____ Place of Birth: _____
DAY MO. YR. CITY STATE COUNTRY

Rank: LTCOL Date of Rank:_____ Branch: _____ Time in Service: ___
DAY MO. YR. USMC/USN/USA/DOS YRS.

SSN: _____ Clearance : _____

MOS/ Officer Specialty/Description:
1. _____ _____
2. _____ _____
3. _____ _____

Languages:
1. _____
2. _____
3. _____

Home Email: _____ Home Phone:_____ Cell Phone: _____

Spouse's Name: Nickname: _____
FIRST MI

Children : _____ ___ _____ ___ _____ ___
(NAME/AGE) _____ ___ _____ ___ _____ ___

Military Schools Attended:

NAME	YEAR

Civilian Schools Attended:

NAME	YEAR	DEG

Major Assignments:

ASSIGNMENT	FROM - TO
(LAST FIVE - BEGIN	____ - ____
	____ - ____
WITH MOST RECENT)	____ - ____
(HIGHLIGHT COMMAND TIME)	____ - ____

Joint Tour/s Completed:

	____ - ____
	____ - ____

Hobbies:

Permanent Address: Local Address:

_____ _____

Phone: Phone: