Supplen	Form Approved								
	OMB No. 3206-003								
LIST OF COLLEGE COURSES AND CERTIFICATION OF SCHOLASTIC ACHIEVEMENT									
Complete and submit this form with your Application for Federal Employment or as instructed									
1. Name: (Last, First, MI)	2. Birth Date (Month, d	ay, year)	3. Social Security N	Jumber					
4. Position for which you are applying (Include o	ptions, if any)								
5. List the undergraduate and/or graduate college	•	ed or expect to	receive (Give name	of degree, name of college					
university granting degree and date received or to	be received)	-							
	1	C. State		(.) (1					
6. State your major undergraduate course(s) of st	tudy	6a. State your major graduate course(s) of study.							
PART 1 - COLLEGE COURSES									
List below by appropriate academic field (e.g., bi	ology, mechanical engine	ering, econor	nics, sociology, etc.)	all courses you have taken					
(including those failed) which appear to satisfy the									
indergraduate courses separately. Credits for each category should be totaled to determine if you meet the minimum course requirement									

Indicate Academic Field:						Indicate Academic Field:						
DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room	DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room	
TOTAL						TOTAL						

Indicate Academic Field:					Indicate Academic Field:						
DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room	DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room
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TOTAL						TOTAL					

Indicate Academic Field:						Indicate Academic Field:							
DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room	DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room		
TOTAL						TOTAL							

Indicate Academic	Indicate Academic Field:					Indicate Academic Field:							
DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room	DESCRIPTIVE TITLE	Completion Date	Grade	Sem	Qtr	Class Room		
TOTAL						TOTAL							
	P	ART II	- PRIV	ACY	ACT ST	ATEMENT AND CE	RTIFICATION	ON		1			

The Office of Personnel Management is authorized by section 1302 of Chapter 12 (Special Authority) and sections 3301 and 3304 of Chapter 33 (Examination, Certification, and Appointment:) of Title 5 of the U.S. Code to collect the information on this form.

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is use identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are:

- 1. To make requires for information about from any source; (e.g., former employers or schools) that would assist an agency in determining whether to hire you.
- 2. To refer your application to prospective Federal Employers and, with your consent, to others (e.g., State and local governments) for possible employment.
- 3. To a Federal, State, or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clear
- 4. To the courts when the Government is party to a suit; and
- 5. When lawfully required by Congress, the Office of Management and Budget, or the General Services Administration.

Providing the information requested on this form, including your SSN is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinde chances for obtaining Federal employment.

PUBLIC BURDEN INFORMATION:

Public burden reporting for this collection of information is estimated to take approximately 40 minutes per response, including time for review instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of collection of information, including suggestions for reducing this burden to Reports and Forms Management Office, U.S. Office of Personnel Management, 1900 E Street N.W., Re CHP 500 Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3200-0038), Washington, D.C. 20503.

ATTENTION - THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this statement

A false answer to any question in this Statement can be grounds for not employing you, or for dismissing you after you begin work, and may be punishable or imprisonment (US Code, Title 18, Sec 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation

CERTIFICATION	Signature (Sign in ink)	Date Signed
I CERTIFY that all of the statements made in this Statement		
are true, complete, and correct to the best of my knowledge		
and belief, and are made in good faith		

PART III - SCHOLASTIC ACHIEVEMENT

NOTE: This part is for the use of college students and graduates who may qualify for some GS-7 positions on the basis of undergraduate scholastic achievement, as provided in an open job announcementee the appropriate job announcement for complete requirements Proof of scholastic achievement under one of these provisions should not be submitted with your application, but will be required by the hiring agency at the time of appointment. If you do not wish to qualify on this basis or if you do not meet the scholastic requirements for the position, do not complete this part. In any case, YOU MUST SIGN YOUR NAME AFTER THE CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 3.

	TANDING. Must be in upper third og, School of Business Administration		in the c	ollege	or unive	ersity, or m	ajor subdivi	sion
	NUMBER IN CLASS	YOUR STA	NDING		_			
This statement of class standing r faculty assessment, and must indi subdivision (e.g., the School of B	in the form of a statement in writing from the first be based on a suitable measure of your cate the basis of the judgment. Class standiusiness Administration, the College of Arts the English Department or the Accounting I	academic performance, so ing must be based on your and Sciences, etc.). Subd	ich as the standing ivisions b	results in your elow th	of a com college o is level, i	prehensive e or university .e., a single a	examination of or the first made academic departments	r an overall ajor
you, using one of the method last 2 years, or courses comp	NT AVERAGE. Your grade-point average me leted in the major field of study.* If coles in item 2 and in item 3 below, and coles in item 2 and in item 3 below, and coles in item 2 and in item 3 below.	ust be expressed in terromputing your GPA, in	ns of a v idicate tl	alue or he met	n a 4.0 s hod use	cale based d and perio	on 4 years, d covered b	the
1. GPA as recorded on final	transcript (Transcript mus	t cover at least the last	2 years)					
2. (Check One)	_ Average of undergraduate courses	S Average	in majo	r field	of study	y		
3. (Check One)	At time of filing *	_ All 4 years		Las	t 2 years	S		
	veligible if you are a senior student, provident that you maintained the required average			the jun	ior year.	You will be	required to su	ıbmit
	erage, round to the first decimal place (e.g., it compares with the grade-point average on		$45 = 3.5, \epsilon$	etc.). If	your col	lege uses a d	ifferent syster	n, explain
achievement provision based only	ourses were graded on a pass/fail system rat y on class standing or membership in a nation r total credits) were credited on a pass/fail of	onal honor society. The ex						
NO. OF SEMESTER O	R QUARTER HOURS AT 4.0 ("A")		X	4 =	=		_	
NO. OF SEMESTER O	R QUARTER HOURS AT 3.0 ("B")		X	3 =	=		_	
NO. OF SEMESTER O	R QUARTER HOURS AT 2.0 ("C")		X	2 =	=		_	
NO. OF SEMESTER O	R QUARTER HOURS AT 1.0 ("D")		X	1 =	=		_	
NO. OF SEMESTER O	R QUARTER HOURS AT 0.0 ("F")		X	0 =	=		_	
	TOTAL (1)		TOTA	L (2)				
	COMPUTED GRADE- Total (2) divided by Total							
	MBERSHIP. Must be one of the nation r Societies (other than freshman scholars)			meetin	g the mi	inimum req	quirements o	of the
Name of honor society and da	nte you were elected to membership							