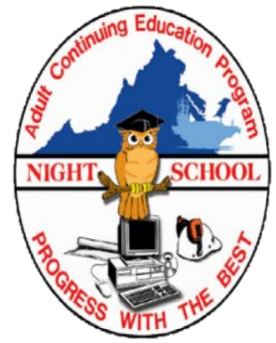


Newport News Shipbuilding Night School Application



Date: _____

ENROLLMENT IN A CLASS IS A COMMITMENT TO ATTEND

PLEASE DO NOT REGISTER UNLESS YOU ARE SURE YOU CAN TAKE PART.

Please provide full name and Dept. as listed on company records (no nicknames please!)

Name

Last _____ First _____ Middle _____

Dept. _____ bldg. /Hull _____ Contact Phone Number _____ (Please indicate if work or cell #)

PERN# _____ Supervisor _____

Primary Email Address _____

Please Print Clearly, used for ALL correspondence

Confirmation email will be sent to email listed above

NO LATER THAN 2 WEEKS PRIOR TO THE START OF CLASS.

LIST CLASS(ES) REQUESTED; PLEASE INCLUDE NIGHT(S) AS LISTED ON BULLETIN
WHICH SHIFT DO YOU WORK? PLEASE CIRCLE: FIRST SECOND THIRD

Locations are based on course requirements, enrollment, and classroom availability.

Please Return completed application to:

The NIGHT SCHOOL OFFICE, Dept. 022, Bldg. 1919/3rd Floor or Fax to 8-8640

Sherry.L.Morgan@hii-nns.com