

### Employment Details

Organization Website:	Industry:
IT Manager:	Employee - Prospective Attendee:
E-mail Address	E-mail Address

### Identify Your Shift

<input type="checkbox"/> Day	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
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### Identify Your Status

<input type="checkbox"/> Permanent	<input type="checkbox"/> Seasonal (Consultant)	<input type="checkbox"/> Term (Consultant)
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Please indicate if there are any special accommodations and resources that the SYS-ED instructor needs to be aware in terms of conducting this course. Specific identification and reference to Section 508 is required.

### Installation Details

<b>Hardware</b>			<b>Software</b>		
Company and Model			Operating System(s) and Version (Check):		
Model(s)			<input type="checkbox"/> z/OS	<input type="checkbox"/> z/VM	<input type="checkbox"/> z/VSE <input type="checkbox"/> UNIX
Disk Packs			<b>Programming Languages (Check)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> COBOL	<input type="checkbox"/> Assembler	<input type="checkbox"/> PL/1 <input type="checkbox"/> Fortran <input type="checkbox"/> REXX
<b>Telecommunications</b>			<b>PC Emulation</b>		
VTAM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Micro Focus (list)	Realia (list)	Other (list)
SNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
TCP/IP	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Utilities and Development Tools</b>		
<b>Security</b>			<b>Computer Associates</b>	<b>Compuware</b>	<b>Other</b>
ACF2	RACF		DYL-280 All Fusion - Endeavor InterTest	Easytrieve File-AID: Batch File-AID File-AID: DB2 File-AID IMS Xpediter -IMS Xpediter -CICS	Spiffy/Interactive Development Tool CHANGEMAN Syncsort File Manager Debug Tool Fault Analyzer
<b>Printing</b>					
APF	Other				
<b>Middleware</b>			<b>Systems Software</b>		
WebSphere MQ	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VSAM	CICS	
Web Enablement - Implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Hierarchical Database</b>		
Web Enablement - Planned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IMS	IDMS	ADABAS
<b>Internet Programming - Platform</b>			<b>Database - Relational</b>		
Java	.NET	Other	DB2 UDB	Oracle	SQL Server
			Sybase	MySQL	Other

## Statement of Operational Objectives / Project Specification

Please list and briefly describe the training that you require in relation to your attending this SYS-ED mainframe course:


### Participant - Self Assessment/Acknowledgement

I had the basic knowledge and skills necessary to begin this training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have reviewed the course outline and performance objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The performance objectives focus on either my current or projected future job tasks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have reviewed the common questions from the SYS-ED websites.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have reviewed the self assessment questions from the SYS-ED websites.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Self Study - Preparation

I have read the following books relating to this course:

1.	2.
3.	4.

I have availed myself of the following e-learning courseware relating to this training.

1.	2.
3.	4.

I have taken the following instructor-led courses related to this subject matter in the SYS-ED course that I will be attending:

Course Title or Subject Matter	Vendor	Year

### Charter: Instructor Qualifications / Availability to Participant

I have reviewed the instructor's biography for this course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have sent questions regarding this course to the instructor via e-mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need to schedule an appointment with the instructor to discuss specific issues and questions that I have regarding this course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Signature:

Sponsoring Organization:	
Name of Employee (Printed):	Name of Manager (Printed):
Business Telephone Number:	Business Telephone Number:
After Hours Telephone Number:	After Hours Telephone Number:
Employee Signature:	Manager's Signature:
Date:	Date: