

USS GALLIFREY PROMOTION NOMINATION FORM



A Correspondence Chapter of STARFLEET International



A Region of STARFLEET International



The Star Trek Fan Association, Inc.

Nominee Information

Name:				Birth Date:	
Address 1:					
Address 2:					
City:		State:		Zip:	
Phone #:		Email:			

Nominee Chapter Information

SCC #:		Time in STARFLEET:	
Current Rank:		Time in Current Rank:	
Current Department:			
Current Position:			

Nominator Information

Name:				Birth Date:	
Address 1:					
Address 2:					
City:		State:		Zip:	
Phone #:		Email:			

Nominator Chapter Information

SCC #:		Time in STARFLEET:	
Current Rank:		Time in Current Rank:	
Current Department:			
Current Position:			

Promotion Request

Recommended Promotion to the following Rank:	
Does the Nominee Have At Least the Minimum Promotion Points Needed for Promotion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Nominee Completed the STARFLEET Academy Officer's Training School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Nominee Completed the STARFLEET Academy Officer's Command College?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nominee Qualifications

Does the Department Chief Approve of the Promotion Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Approving Authority Approve? (Promotion Board)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commanding Officer's Signature:	Date: