

COURSE REQUEST FOR 2D MARINE DIVISION COMBAT SKILLS CENTER	MSE	DATE SUBMITTED
	<input type="checkbox"/> 2D MARDIV <input type="checkbox"/> II MEF <input type="checkbox"/> MCI EAST <input type="checkbox"/> 2D MLG <input type="checkbox"/> MAW <input type="checkbox"/> OTHER	

SECTION A - REQUESTING UNIT SECTION

REQUESTING BATTALION	REQUESTING COMPANY	REQUESTING PLATOON
UNIT POINT OF CONTACT	POINT OF CONTACT PHONE NUMBER	POINT OF CONTACT EMAIL ADDRESS

SECTION B - TRAINING COURSE SECTION

COURSE DATES OF REQUESTED TRAINING	START TIME	END TIME
NUMBER OF MARINES/SAILORS TO BE TRAINED	RESPONSIBLE OIC/SNCOIC/NCOIC	RESPONSIBLE INDIVIDUAL PHONE NUMBER

REQUESTING TRAINING ON FOLLOWING COURSE: (ONLY ONE SELECTION PER TSR)

<input type="checkbox"/> BASIC MACHINEGUNS (M249/M240)	<input type="checkbox"/> BASIC CALL FOR FIRE	<input type="checkbox"/> BASIC LIFE SUPPORT
<input type="checkbox"/> T O P O O W P U A T G J E T G E T S F J D A	<input type="checkbox"/> BASIC SCOUT SNIPER	<input type="checkbox"/> SPECIAL COURSES
<input type="checkbox"/> BASIC FIRE DIRECTION CENTER	<input type="checkbox"/> COMBAT TRAUMA COURSE	<input type="checkbox"/> DVTE SUITE (CFF/CONVOY OPS/JTAC/JFO)
<input type="checkbox"/> BASIC MORTARS (M224)	<input type="checkbox"/> BASIC TRAUMA COURSE	

COORDINATING INSTRUCTIONS:

SIGNATURE OF SUBMITTING INDIVIDUAL	SIGNATURE DATE
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******* DCSC STAFF ONLY *******

REQUEST RECEIVED BY:	DATE RECEIVED:	BILLET:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REMARKS:	REQUEST APPROVED BY:	STAFF APPROVING TRAINING: <input type="checkbox"/> TRAINING CHIEF <input type="checkbox"/> LOGISTICS CHIEF <input type="checkbox"/> OPERATIONS CHIEF

NUMBER TRAINED	# OF HOURS	COMMENTS:
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