

FOR OFFICIAL USE ONLY

**81 TRSS/TSF
FACULTY DEVELOPMENT
COURSE ENROLLMENT REQUESTS**

COURSE NAME AND NUMBER:

COURSE DATE(S) REQUESTED:

ALTERNATE DATE(S) REQUESTED:

NAME:

RANK:

**MILITARY
STATUS:**

SERVICE:

SSN:

MAJCOM:

SQUADRON:

OFFICE SYMBOL:

**PHONE
NUMBER:**

EMAIL:

SUPERVISOR:

SUPERVISOR'S PHONE NUMBER:

TRAVEL STATUS: IF MEMBER IS TDY INDICATE TRAVEL STATUS, OTHERWISE LEAVE BLANK

(1) TDY AND RETURN

(3)PCS WITH TDY ENROUTE

BASIC INSTRUCTOR COURSE (BIC) ONLY

INFORMATION ASSURANCE COMPLETION DATE:

CAC EDI-PI NUMBER:

**MEMBERS REPORT NO LATER THAN DATE
RNLTD:**

**MEMBERS PROJECTED ARRIVAL DATE
PAD:**

**IF MEMBER IS PRESENT FOR DUTY INCLUDE
DATE ARRIVED ON STATION
DAS:**

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