



UNITED STATES MARINE CORPS
2D LIGHT ARMORED RECONNAISSANCE BATTALION
2D MARINE DIVISION, FMF
PSC BOX 20090
CAMP LEJEUNE, NC 28542-0090

IN REPLY REFER TO:
1320

UNIT CODE
XX XXX X

From: Commanding Officer, Command
To: Transition Readiness Program Manager, Personal & Professional
Development Marine & Family Programs Division, Marine Corps Community
Services, Marine Corps Installations East-Marine Corps Base, Camp
Lejeune-New River

Subj: REQUEST FOR NAME OF SKILLBRIDGE COURSE/TRAINING VOLUNTARY EMPLOYMENT
SKILLS TRAINING PROGRAM CASE OF RANK FULL NAME, USMC, DOD ID NUMBER,
MOS

Ref: (a) DoDI 1322.29
(b) NAVMC 1700.2

Encl: (1) NAVMC 1320_1: Checklist
(2) NAVMC 1320-2: Participant Screening
(3) SkillBridge Program Provider Acceptance Letter
(4) NAVMC 10274 Administrative Action Form (ONLY if needed)
(5) SkillBridge Ethics Brief Certificate

1. Rank Full Name is authorized to enroll in the NAME OF PROGRAM.

2. Contingent upon review and approval by the Installation SkillBridge Coordinator, I support Rank Last name to attend the Cohort #X X-WEEK NAME OF TRAINING. If selected to attend, the course will begin on DATE and end on DATE. Class will take place Monday through Friday, time (such as 0800 - 1630) at the location of the service member while attending will be (such as the Lejeune Education Center, Building 825, MCB Camp Lejeune).

3. I have verified Rank Last Name has satisfied all requirements for the program as per enclosure (1).

4. Point of contact at this command is Rank Name and Phone Number and Email (The POC must be Staff NCO or higher and may not be the Service Member applying)

RANK, NAME (minimum 04)