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DEFENSE DECISION SUPPORT COURSE (DDSC) NOMINATION PACKET

PART I: PERSONAL INFORMATION	
1. NAME *(Last, First, Middle Initial)*	2. SSN *(Last 4)*
3. RANK/GRADE & DATE OF RANK/GRADE	4. SERVICE, MAJCOM & LOCATION
5. ORGANIZATION	6. SYMBOL/DEPARTMENT
7. E-MAIL ADDRESS	9. MAILING ADDRESS
8. PHONE *(DSN or Commercial)*	

PART II: SERVICE HISTORY	
10. AFSC/MOS/JOB SERIES NUMBER	11. TOTAL YEARS OF MILITARY SERVICE
12. TOTAL YEARS OF FEDERAL SERVICE	13. ANTICIPATED RETIREMENT YEAR
14. Have you attended FMSOC? Graduation Date?	15. Have you attended PMCS or DFMC? Grad date?
☐ : Yes ☐ : No	☐ : Yes ☐ : No
16. If accepted to attend DDSC, I am committed to full participation in educational activities, assignments and class preparation as required.	
16a. EMPLOYEE SIGNITURE	16b. DATE

PART III: SUPERVISOR INFORMATION	
17. NAME *(Last, First, Middle Initial)*	18. RANK/GRADE
19. E-MAIL ADDRESS	20. PHONE NUMBER *(DSN or Commercial)*
21. I understand that the student's time will be fully dedicated to DDSC coursework, and will not require the individual to accomplish any work from this office for the duration of the course.	
21a. SUPERVISOR SIGNITURE	21b. DATE