



Joint Special Operations University

Course Replacement Certificate Request

Phone: (813) 826-3586

Email: jsouadmissions@socom.mil

<https://www.socom.mil/JSOU/Pages/default.aspx>

LAST, FIRST, MI

COURSE COMPLETED

EMAIL ADDRESS

DAYTIME PHONE

SSN (last 4 digits) _____

SERVICE

- | | |
|---|---|
| <input type="radio"/> U.S. Air Force | <input type="radio"/> U.S. Army |
| <input type="radio"/> U.S. Coast Guard | <input type="radio"/> U.S. Marine Corps |
| <input type="radio"/> U.S. Navy | <input type="radio"/> DoD Civilian |
| <input type="radio"/> International Student | <input type="radio"/> Non-DoD Civilian |
| <input type="radio"/> Other | |

RANK (while attending)

STUDENT SIGNATURE

DATE _____

EMAIL ADDRESS YOU WISH TO
RECEIVE THE CERTIFICATE

Due to Federal privacy laws, a form request with the student's signature is required. We cannot fulfill telephone requests for duplicate certificates. Fill form out completely with typed information only. Return to our office via EMAIL.

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Submit Completed form to jsouadmissions@socom.mil Please allow 24 - 48 hours for processing.

For Office Use Only Received Date: _____

Date Processed: _____

By: _____