

CDSE MOBILE CLASS REQUEST FORM

Thank you for your interest in hosting a Center for Development of Security Excellence (CDSE) class. The CDSE has transformed to a blended learning environment that provides instructor-led and on-line training to DoD and other U.S. Government personnel, and DoD contractors. The CDSE (formerly DSS Academy) customer base for years has exceeded capacity to offer training, however now our on-line courses allow Security Professionals and Practitioners to begin their training immediately, and complete self paced courses anytime, anywhere. Please be aware that CDSE policy requires classes to have at least the minimum number of students enrolled as outlined in the CDSE Course Catalog, 45 days prior to the class start date. This may require students to complete on-line prerequisites prior to enrolling in the Instructor-led class. We will do our very best to build upon the on-line training and select Instructor-led mobile locations that reach the maximum number of personnel in need of training. We ask that you provide the following information, so that CDSE select locations that are cost effective, conducive to learning and accessible to a wide range of prospective students in the surrounding area.

Requester's Name	<input type="text"/>	Agency/Facility	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
City/State/Ctry	<input type="text"/>	Phone Number	<input type="text"/>

Please select the course you are interested in hosting:

Course List

If Other, please specify:

Please provide the specific address and Seating Capacity of the classroom where the course would be conducted. Please also indicate if the facility has any restrictions related to using CDSE student laptops, or internet connectivity.

Facility Name

Seating Capacity

Facility Address

Computer Restrictions? (Y or N)

How many personnel from your facility/organization/base will complete all prereqs and attend the requested class ?

Please describe other surrounding facilities, military installations and Agencies that we could make the class available to.

When would you prefer the class? Provide primary and alternate dates - *Month DD, YYYY*. (Please note the 45 day rule mentioned above).

Please provide us any other information that you feel makes your location cost effective, conducive to learning and accessible to a wide range of prospective students.

Internal Use Only:

Assigned Supervisor:	Curriculum Program Manager:
Assigned Supervisor's Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Provide alternative <input type="checkbox"/> Unable to Support	Director of Training:

Comments/Next Steps: