

DEPARTMENT OF THE NAVY
Expedited Fulfillment for BUS-CE via NPS/AFIT MCEA
Justification for DD Form 2518

PART A. - EMPLOYEE INFORMATION

Name (Last, First, MI): _____ Primary Career Field/
Organization (Command, Activity, etc.): _____ Level Required: _____

Email Address: _____
Title, Series, Grade _____ Phone: _____

PART B. - EMPLOYEE VERIFICATION and FULFILLMENT REQUEST

By checking each of the boxes below, I certify that I am eligible for Expedited Fulfillment of BUS-CE Functional Training in accordance with the DON DAWIA Operating Guide and DACM Memo, "Master's of Cost Estimating and Analysis Program Fulfillment for Business Cost Estimating Courses", dtd XX FEB 2012.

- I am currently assigned to a BUS-CE position.
- I have earned a Master's of Cost Estimating and Analysis from Naval Post Graduate School, and full transcript is attached.
- I am a member of MCEA Program Cohort 1 or 2. The date of my degree is included in attached transcript:
Degree Date: _____

Date: _____ Signature:

PART C. - SUPERVISOR ENDORSEMENT

Comments:

Name: _____ Date: _____ Signature:

PART D. - DACM APPROVAL

Approved Disapproved

Comments:

Name: _____ Date: _____ Signature: