



# Joint Forces Staff College

## AJPME/HLSPC/JAWS/JCWS/JC2IOS/JIMPC

### Course Replacement Certificate Request

Fax: (757) 443-6026 \* Phone: (757) 443-6124 \* DSN: 646-6124  
 Email: [Registrar2@ndu.edu](mailto:Registrar2@ndu.edu) \* <https://jpsc.dod.afpims.mil/Registrar/RegistrarDivision.aspx>

FIRST NAME  MIDDLE INITIAL

LAST NAME  YEAR COURSE COMPLETED

EMAIL ADDRESS

DAYTIME PHONE

SSN (last 4 digits)  DOB   
 mm/dd/yyyy

SERVICE

<input type="radio"/> U.S. Air Force	<input type="radio"/> U.S. Army
<input type="radio"/> U.S. Coast Guard	<input checked="" 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	<input type="text"/>

RANK (while attending)  PAY GRADE (while attending)

STUDENT SIGNATURE  DATE

**Your request cannot be processed without a handwritten signature. Digital signatures are NOT accepted.**

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 FAX or EMAIL.

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Submit Completed form to (757) 443-6026 or [Registrar2@ndu.edu](mailto:Registrar2@ndu.edu). Please allow 10-15 business days for processing.

For Office Use Only Received Date: \_\_\_\_\_ Accepted: \_\_\_\_ No Signature: \_\_\_\_ Incomplete Form: \_\_\_\_ Other: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_ By: \_\_\_\_\_