

COURSE TRAINING SCHEDULE FOR ALLOCATIONS					1. TRAINING MANAGER (Name, TM Code, Telephone Number)						2. DATE	
3. WING COURSE IDENTIFICATION NO			4. PDS CODE		5. COURSE TITLE						6. LENGTH (Academic days)	
7. A - ADD C - CHANGE D - DELETE	8. CLASS START DATE	9. CLASS GRADUATION DATE	10. REQUESTER QUOTA ID & LINE NO	11. TDY			12. NON-TDY			13. REPLACES CLASS (If applicable)	14. LOCATION (Base, Post, Station, City, Hotel, Contractor's Facility, etc.)	
				OFF	AMN	CIV	OFF	AMN	CIV			
15. REPORTING INSTRUCTIONS: Prerequisite _____ AETC Fund Citation Sub-Project Code _____ Security Requirements _____												
16. SPECIAL REPORTING INSTRUCTIONS/REMARKS												
17. COURSE REMARKS				18. RFPP NO/COST PER CLASS STUDENT				19. APPROVAL SIGNATURE, GRADE AND OFFICE SYMBOL				