



# SPAWAR Systems Center Norfolk (SSCN) Training Waiver Request SSCN Form 4951/2(Jan05)

Enter the course information and choose the appropriate reason for a course waiver. Present this waiver to the required supervisors for approval signatures and submit it to the Command Training Coordinator.

NAME:  
CODE:  
ROLE:

COURSE NAME:  
COURSE GOAL(S):

COURSE OBJECTIVES:

I attended training, which met the above objectives.  
Date attended: / / (Attach certificate of completion, transcript, etc.)

I gained the skills identified in the above objectives through my work experience.  
Please explain:

I demonstrated the knowledge of the skills identified in the above objectives through a skills assessment.  
Note assessment method or test provider:

I will not be working in a position that requires this training.  
When would you require a refresher of this course?

## Signatures

Approved | Disapproved

Employee: \_\_\_\_\_ Date: / /

1<sup>st</sup> Level Supervisor: \_\_\_\_\_ Date: / /

2<sup>nd</sup> Level Supervisor: \_\_\_\_\_ Date: / /

3<sup>rd</sup> Level Supervisor: \_\_\_\_\_ Date: / /

SEPG: \_\_\_\_\_ Date: / /

(For TECHNICAL-SEPG Training only)

Command Training Coordinator: \_\_\_\_\_ Date: / /

Additional Notes/Comments: