SUMMER COURSE PERSONNEL CHANGES

Corps/Squadron Number & Name _____ Location _____

Name of Course _____ Course Date _____

ADD:

Name:	*Telephone Number:*
	( )
	( )
	( )
	( )

DELETE:

Name:	*Reason:*

Date _____ Corps/Squadron Commanding Officer Signature _____

Date _____ ACO Signature _____

TO BE USED BY MOVEMENTS STAFF ONLY	
Date Received:	Date Action Taken:
Remarks:	SO2 ( ): ADVISE CO CDTS
	❑ Travelling as per Mov Order ____ Serial ____ No formal amendment being sent. _____ Mov O Initials
	❑ New Mov Order issued
	Signature:

Cdt #169 (06-05)