Cancellation/Substitution Request

E- Mail Template

From:Rank, Name, Title/Position

\*Message must be sent from aCO, XO, OINC, XPO (or equivalent), or Training Officer **ONLY**. **Emails from other entities will not be accepted.**

TO: CMD-SMB-CG-TQC

CC: CMD-SMB-CG-FORCECOM

 Applicable Program Manager

 Applicable Training Center

 Chain of Command

 Applicable Operational Commander

 Other affected Afloat or Ashore Units

SUBJ: Cancellation or Substitution Request for Course Title/Course Code, CLCVN DATE

BODY:

1. Request to cancel quota for Member Rank, Name, EMPLID.

2. Member unable to attend due to Reason (See below)\*

3. Member has incurred fees or expenses which will required travel claim submission. Yes or No

**\*If Substitution (add #4 below. If not, do not include substitute line)**

4. Request to substitute Member Rank, Name, EMPLID. Member meets all prerequisites.

5. POC: Name, Number, E-mail Address

**Choose one of the following reasons for the cancellation request:**

1. Medical reasons
2. Failure to meet weight standards – Refer to [Coast Guard Weight and Body Fat Standards Manual](http://www.uscg.mil/directives/cim/1000-1999/CIM_1020_8H.pdf)
3. Administrative reasons (specify why)
4. Failure to meet prerequisites
5. Family emergency or hardship
6. Member no longer requires subject training (specify why)

**Course titles, codes and dates can be found on the TQC website.**