

REQUEST FOR ORDERS (1321)
NAVMC 10468 (REV. 11-87) (EF) (Previous editions are obsolete and will not be used)

NAME (Last, first, middle initial)	SSN	DEBO (For HQMC use only)
OFFICER SELECTION OFFICER LOCATION/ACCOUNT CODE NUMBER	RESPONSIBLE MARINE CORPS DISTRICT	

If my application is approved, I request assignment as indicated: (Complete applicable section and enter class you are requesting.)

- ☐ OFFICER CANDIDATE COURSE, QUANTICO, VA.*
- ☐ AVIATION OFFICER CANDIDATE COURSE, QUANTICO, VA.*
- ☐ NAVAL FLIGHT OFFICER COURSE, QUANTICO, VA.*
- ☐ PLATOON LEADERS CLASS (WOMAN) (COLLEGE JUNIORS), QUANTICO, VA.*
- ☐ WOMAN OFFICER CANDIDATE COURSE (COLLEGE SENIORS AND GRADUATES),QUANTICO, VA.*

***I UNDERSTAND** that if the class for which I am applying is filled to capacity, my application will be considered for the next convening class. In this event my signature below is certificate of my willingness to accept this reassignment.

- ☐ PLATOON LEADERS CLASS - GROUND, AIR, OR LAW
- ☐ FIRST INCREMENT, JUNIOR COURSE, QUANTICO, VA.
- ☐ SECOND INCREMENT, JUNIOR COURSE, QUANTICO, VA.
- ☐ FIRST INCREMENT, SENIOR COURSE, QUANTICO, VA.
- ☐ SECOND INCREMENT, SENIOR COURSE, QUANTICO, VA.
- ☐ COMBINED COURSE, QUANTICO, VA.

I UNDERSTAND that travel to training is to be performed as directed in the order assigning me to training.
 I UNDERSTAND that I will be ordered to training from my school, OR home address ONLY in view of this restriction request to:

- | | | |
|--|---------------------------------|---------------------------------------|
| Proceed from my (check one) | <input type="checkbox"/> school | <input type="checkbox"/> home address |
| Upon completion of training, I request to: | <input type="checkbox"/> school | <input type="checkbox"/> home address |

MY CURRENT OR SCHOOL ADDRESS IS (Number and street, city, state, and zip code)

MY HOME OR RECORD AS DEFINED IN MCO P1070.12, IRAM, PAR>4005.3a, IS (Number and street, city, state and zip code)

DATE	SIGNATURE
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