

Date

TO: DoD CREDIBILITY ASSESSMENT PROGRAM MANAGER

SUBJECT: Request for Investigative Experience Waiver for Agency X
Applicant

Agency X is recommending that _____ be enrolled in the Psychophysiological Detection of Deception Program, class_____, which begins on _____.

The applicant does not meet the two-year investigative experience requirement.

Mr. _____ attended the University _____, and received a B.S. degree in Sociology. He received his M.S. in Criminal Justice, University _____.

His application is forwarded for your review and action. A copy of his transcripts will be maintained at the National Center for Credibility Assessment. Please return the waiver approval/disapproval to this office for further processing. Please contact us if you have any questions.

Signature Block
Program Manager

Enclosure: a/s

APPROVED / DISAPPROVED

S A M P L E

DATE: _____

DoD Credibility Assessment Program Manager

cc:
Registrar's Office
National Center for Credibility Assessment