



Defense Acquisition University Course/Equivalent Product Review Request

1. Organization's Name:

2. Organization's Point of Contact:

Name:

Work Phone and ext:

Mobile Phone:

Fax:

E-mail:

Mailing Address:

3. Equivalent Product to DAU Course Relationship

_____ One-to-one (equivalent product to DAU course)

_____ Many-to-one (several equivalent products to one DAU course)

_____ One-to-many (equivalent product to many DAU courses)

4. DAU Course Identifier and Name

Identifier	Name

5. Equivalent Product Identifier, Name, and Implementation Date

Identifier	Name	Implementation Dates	
		Start (mmddyy)	End (mmddyy)