

Marine Corps SkillBridge User Guide



Welcome to MyMarineCorps Education!

August 2026

1

Login to MyMarineCorps Education

DoD Warning Banner

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

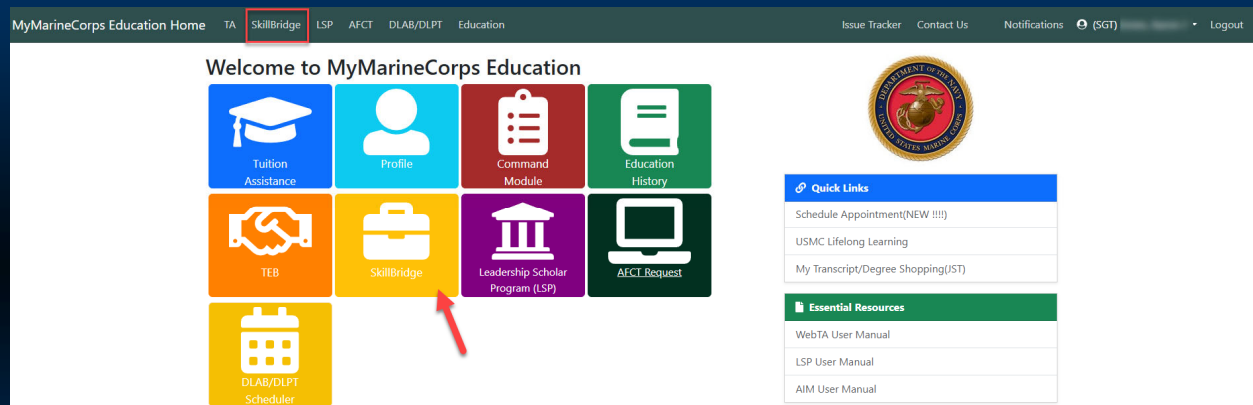
OK

- Visit the Navy College Program website at <https://www.navycollege.navy.mil>, and look for **MyNavy Education Login** in the upper right corner of the landing page.
- Direct link to MyMarineCorps Education: <https://myeducation.netc.navy.mil/webta/home.html#nbb>
- You can only access the MyMarineCorps Education website with a CAC.

2

2

Access SkillBridge Application

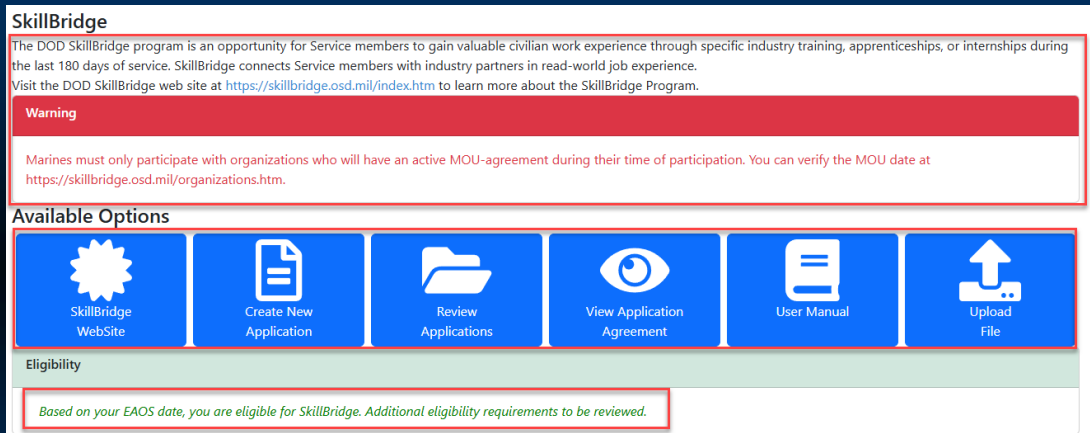


- Select SkillBridge from the navigation bar or the “SkillBridge” tile on the homepage, to create a SkillBridge application.

3

3

SkillBridge Landing Page



- The SkillBridge landing page lists information concerning the SkillBridge program.
- The “Available Options” has six tiles: DoW SkillBridge website, create new application, review previous applications, view application agreement, user manual and upload files.
- The “Eligibility” section will if you are not eligible to create a SkillBridge application.

4

4

Create SkillBridge Application

SkillBridge

The DOD SkillBridge program is an opportunity for Service members to gain valuable civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of service. SkillBridge connects Service members with industry partners in real-world job experience. Visit the DOD SkillBridge web site at <https://skillbridge.osd.mil/index.htm> to learn more about the SkillBridge Program.

Warning

Marines must only participate with organizations who will have an active MOU-agreement during their time of participation. You can verify the MOU date at <https://skillbridge.osd.mil/organizations.htm>.

Available Options



Eligibility

Based on your EAOS date, you are eligible for SkillBridge. Additional eligibility requirements to be reviewed.

- When MyMarineCorps Education shows you're eligible, select the **"Create New Application"** tile start your SkillBridge application.

5

Accept Application Agreement

SkillBridge Application Agreement

Under authority of 5 USC 301, personal data is requested for use in the processing of your application. Your Educational Digital Identification (EDI), Department of Defense (DoD) Identification number, or Social Security Number (SSN) will be used for identification. This information will be included in your Electronic Navy College Management Information System (NCMIS) Education Record and will be used by SkillBridge to identify you.

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing this form.

AUTHORITY: 10 U.S.C. Chapter 58; 10 U.S.C. 8041 Subtitle C, and E.O. 9397 (SSN), as amended; and [SORN M01754-4](#).

Principal Purpose: The primary purpose of this form is to support participation in the Marine Corps SkillBridge Program. Information will be used to determine eligibility and enrollment.

Routine Uses: Information will be accessed by Marine Corps SkillBridge personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the participant. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at <https://doit.defense.gov/Privacy/SORN/index/DOD-sdnr-Article-View/Article/570629/m01754-4/>.

Disclosure: Providing information is voluntary; however, failure to provide the information will result in an inability to participate in the SkillBridge Program.

Records Management: This form shall be managed in accordance with record schedule 100-34, "General Correspondence (Military Personnel)" of SECNAV M-5210.7. TEMPORARY: Cutoff at CY Destroy when 3 years old.

I understand that the SkillBridge location is my appointed place of duty. If I am removed or withdraw from the DoW SkillBridge approved industry partner training, I must immediately contact my Command and Installation SkillBridge Coordinator. I am to report immediately back to my duty station at no cost to the government.

☐ I Understand

SkillBridge is intended to facilitate separating and retiring Marines with workforce development leading to high probability of post-service employment. SkillBridge Program participation is not an entitlement and must be thoroughly evaluated by Commanders prior to authorizing participation to mitigate risk to operational mission requirements. SkillBridge is implemented via three categories. Category assignments denote maximum participation timelines that include the combination of all sub-categories of authorized Permissive Temporary Additional Duty and/or leave. Authorization for participation in programs exceeding the maximum participation timeline prescribed by the categories are subject to higher headquarters directives, including Secretary of War Memorandums and any other applicable directives as mandated by MFC.

The authorized categories and timelines for SkillBridge participation are as follows:

- Category I (E1-E5) - up to 120 days.
- Category II (E6-E7, WO-CWO3, O1-O4) - up to 90 days.
- Category III (E8-E9, CW04-CWO5, O5 and above) - up to 90 days with General Officer approval.

Commanders at the grade of Lieutenant Colonel and above, with UCMJ authority are designated as the approval authority for Categories I and II. General Officers are designated as the approval authority for Category III. Marines serving with joint organizations/commands are required to obtain an O6 level endorsement from their operational chain of command as a supplement to the application requirements. Final approval authority for all joint Marine applications is their appropriate (based on category) administration Marine Commander.

☐ I Understand

By submitting this application, you are attesting that you have met all of the SkillBridge eligibility requirements set forth in DoD and DoN policy. You acknowledge that your Commanding Officer may terminate your participation at any time. In the case of termination, it is your responsibility to return to your command immediately, and at your own expense. Further, you acknowledge that you are not permitted to receive any sort of compensation from the SkillBridge provider for the duration of your program. References: DoDI 1322.29, MARADMIN 350/18.

☐ I Agree

☐ I Do Not Agree

- Click on both **"I Understand"** buttons and then click on the **"I Agree"** button to create your SkillBridge application.
- The **"I Agree"** button will not populate until both the **"I Understand"** buttons are clicked.

6

Verify Contact Information and Installation

Service Member

Name (SST)	Work Phone (757) 222-2222	DSN Phone Add Number	Personal Phone (757) 111-1111
EDI(DDO ID)	Work Email test1@ncmis.mil	Personal Email test@ncmis.mil	Ethnicity European/Anglo
Personal Mailing Address Add Address	Race White	Sex Male	EAGS 2027-05-17
Category 1 (E1-E5)	Command Name ADVISOR TRAINING GROUP	UIC 33010	

Current Installation

Personal - Primary

Street Address

City State Country

Zip Zip+4

Close Save

1 (E1-E5) 1STBN 6THMAR 2D MARDIV

Current Installation

Installation Search

Code	Name	Branch	State
	Camp Lejeune	USMC	

Search Clear

Code	Installation Name	Branch	State
HS	MCB CAMP LEJEUNE, NC	M	NC

Select

- Verify all your personal is correct, if not click on the incorrect information and a pop-up box will appear so you can change the information. After typing in the correct information click the “Save” button.
- To select your Current Installation, click on the blue magnifying glass. Search for your installation by name or state. Once it populates on the screen click on the “Select” button.

7

Prerequisites Section

Prerequisites

Prerequisite	Yes
1. Expected to be released from AD within 180 days of starting the program with an Honorable Discharge, including General Discharge under Honorable Conditions. Date: 06/02/2026	☒
2. Completed all Transition Readiness Seminar (TRS) requirements (has a completed DD Form 2648 eForm). Date Completed: mm/dd/yyyy	☐
3. Has sufficient time remaining under contract to complete SkillBridge prior to established date of separation (EAS/Retirement). Extensions to existing EAS are not authorized. Date of Separation: mm/dd/yyyy	☐
4. Has attended and completed the HQMC approved SkillBridge brief and ethics training within the last 12 months. Date Completed: mm/dd/yyyy	☐
5. Has contacted USMC designated SkillBridge Coordinator prior to NCMIS application. Date Completed: mm/dd/yyyy	☐

- Choose from the calendar or manually type in the date you completed each prerequisite.
 - 1.TRS Completion 2.Transition Process Completion 3.EAS 4.Info Brief & Ethics training 5.SB coordinator contact
- All dates, for each prerequisites, must be entered before you can submit your SkillBridge application.
- The “Yes” column will automatically populate once you enter in the completed date.

8

Supervisor, SEL/SEA and Approver

Supervisor Information	+ Add Supervisor
<i>A Supervisor is required.</i>	
Command Senior Enlisted Leader(SEL)/Senior Enlisted Advisor(SEA) Information	+ Add SEL
<i>Command SEL/SEA is required.</i>	
Approver Information	+ Add Approver
<i>An Approver is required.</i>	

Supervisor Manual Entry

Requirement: Supervisor must be of a higher paygrade. Official Email required.

Name (Last Name, First Name)
PayGrade

Email Contact

Work Telephone

DSN Telephone

Close
Select

- There are two reviewers for your SkillBridge application your supervisor and command SEL or SEA. To add them to your application, click on the “+ Add Supervisor” and “+ Add SEL”. Enter in their name, paygrade, email address and phone number then click “Select”.
- The final approver is your Commander and must be grade of LtCol or above. Click on “+ Add Approver” and enter their name, paygrade, email address and phone number then click “Select”.
 - Due to rank restrictions, Acting/ByDir letters are not authorized.

9

Application Section

Application

Organization
Provider Point of Contact
POC Email
Location

SkillBridge Program and Location
City
Program Start Date
Program End Date

Functional Area/Job Family
Opportunity Types
Duration

SkillBridge Provider Search

SkillBridge Providers listed have a current Department of Defense Memorandum of Understanding. To view a complete listing of approved SkillBridge providers <https://skillbridge.osd.mil/locations.htm> .

Selecting a different SkillBridge Provider will clear the currently selected program!

Provider
Opportunity Type
Job Family

Search
Clear

SkillBridge Provider Search

SkillBridge Providers listed have a current Department of Defense Memorandum of Understanding. To view a complete listing of approved SkillBridge providers <https://skillbridge.osd.mil/locations.htm> .

Selecting a different SkillBridge Provider will clear the currently selected program!

Provider
Opportunity Type
Job Family

Search
Clear

Provider
Opportunity Type
Job Family

La Crosse

Search
Clear

Provider Name
Types
Job Families

La Crosse Milling Co.
Internship

Select

1 - 1 of 1

- Select an Organization you will be performing your SkillBridge at, click on the blue magnifying glass to search for your organization. You will be able to search by name, opportunity type or job family. Click the “Search” button to find your organization.
- Once located click on the “Select” button to add the organization.

10

Application Section cont.

Application

Organization: La Crosse Milling Co.

Provider Point of Contact: [Search]

POC Email: [Search]

Location: [Search]

SkillBridge Program and Location: [Search]

Functional Area/Job Family: [Search]

Program Start Date: mm/dd/yyyy

Program End Date: mm/dd/yyyy

Opportunity Types: [Search]

Duration: [Search]

SkillBridge Program Location Manual Entry

Program Name: [Text]

City: [Text]

State: [Text]

Point of Contact (Name): [Text]

Point of Contact Email: [Text]

Close Apply

Application

Organization: 2 Circle Consulting, Inc.

Provider Point of Contact: [Search]

POC Email: [Search]

Location: [Search]

SkillBridge Program and Location: [Search]

Functional Area/Job Family: [Search]

Program Start Date: mm/dd/yyyy

Program End Date: mm/dd/yyyy

Opportunity Types: [Search]

Duration: [Search]

Program Name: [Text]

City: [Text]

State: [Text]

Duration: [Text]

Select

Program Name	City	State	Duration	Select
2 Circle Consulting, Inc - 2 Circle Consulting, Inc	Washington, D.C.	DC	151 - 180 days	☒
2 Circle Consulting, Inc - 2 Circle Consulting, Inc	Whidbey Island	WA	151 - 180 days	☒
2 Circle Consulting, Inc - 2 Circle Consulting, Inc	Virginia Beach	VA	151 - 180 days	☒

- If an organization does not have a program listed, you will be able to manually add the program and location information by clicking “**Manually Add Program/Location**” button.
- Fill in the Name, City, State and POC for the program and then hit “**Apply**”.
- If the organization has programs listed but not the one you are applying for, just select any program and there will be an “**Edit Program/Location Data**” button to change the Name, City, State, or POC information, to reflect the program you are applying for.

11

11

Application Section cont.

Application

Organization: 2 Circle Consulting, Inc.

Provider Point of Contact: [Search]

POC Email: [Search]

Location: [Search]

SkillBridge Program and Location: [Search]

Functional Area/Job Family: [Search]

Program Start Date: mm/dd/yyyy

Program End Date: mm/dd/yyyy

Opportunity Types: [Search]

Duration: [Search]

Program Name: [Text]

City: [Text]

State: [Text]

Duration: [Text]

Select

Application

Organization: 2 Circle Consulting, Inc.

Provider Point of Contact: [Search]

POC Email: [Search]

Location: [Search]

SkillBridge Program and Location: [Search]

Functional Area/Job Family: [Search]

Program Start Date: mm/dd/yyyy

Program End Date: mm/dd/yyyy

Opportunity Types: [Search]

Duration: [Search]

Program Name: [Text]

City: [Text]

State: [Text]

Duration: [Text]

Select

Application

Organization: 2 Circle Consulting, Inc.

Provider Point of Contact: [Search]

POC Email: [Search]

Location: [Search]

SkillBridge Program and Location: [Search]

Functional Area/Job Family: [Search]

Program Start Date: mm/dd/yyyy

Program End Date: mm/dd/yyyy

Opportunity Types: [Search]

Duration: [Search]

Program Name: [Text]

City: [Text]

State: [Text]

Duration: [Text]

Select

- After the program is selected or added you will need to fill in the Location and Program Start and End Date. The Duration field will be automatically filled in once the program dates are entered and the application saved.
- For the Location field, click inside the box and a drop-down menu will appear. Choose whether your program is on base or off base.
- Use the calendar icon or manually type in the start and end date.

12

12

Statement of Understanding Section

Statement of Understanding or Responsibilities and Authorization

Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.

☐	1. I have contacted the SkillBridge program POC to confirm the procedures for participation and to ensure that I have the necessary access to Navy College Management Information System (NCMIS) for the application submission process.
☐	2. Participating Service Members cannot receive from the SkillBridge provider any wages, training stipends, or any form of financial compensation for the time that the Service Members spend participating in SkillBridge.
☐	3. I am fully aware there are limited seats, and acceptance may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter. If there is no space available for training with the DoW SkillBridge approved industry partner after authorization from the Commander, I will not depart for training and return to my primary duty station immediately.
☐	4. I fully understand the financial requirements to participate, and I voluntarily assume any additional costs that may occur including travel, meals, parking, equipment, uniform, and/or housing costs associated with program participation. I attest this will not cause any financial hardship for me or my family.
☐	5. I will return any items on loan from the training provider in good working order.
☐	6. If the DoW SkillBridge approved industry partner requires use of my education benefits, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.
☐	7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment and adhere to military appearance, ethics, and accountability requirements.
☐	8. I agree to adhere to the Commander's accountability plan. Unauthorized absence or travel away from the DoW SkillBridge approved industry partner training location will result in charges under the UCMJ.
☐	9. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.
☐	10. I authorize the use of both the application and employment information for program statistical purposes.

[Save](#) [Submit](#) [Cancel](#)

- After the application section there is a Statement of Understanding or Responsibilities and Authorization section.
- Read all 10 statements and check the box next to each statement. All boxes must be checked before you can submit your application.
- After all, have been checked click on the “Save” button to save your SkillBridge application.

13

13

Required Documents Section

Required Documents

Application must be saved before uploading files.

Required Documents

SB Training Plan	Upload
Completed DD Form 2648 (eForm)	Upload
SkillBridge and Ethics Brief Verification	Upload
SkillBridge Provider Acceptance Letter	Upload
Commander's Endorsement (Optional)	Upload

- The Required Documents section is below the Prerequisites section; however, until you save your application it will have the statement “Application must be saved before uploading files.”
- Once you save your application the 4 required documents will be listed with an “Upload” button next to each required document.
- Use the “optional” field for uploading special considerations, Joint-command approvals, etc.
- Click on the “Upload” button to attach each of the required documents. You will not be able to submit your application until all 4 documents are uploaded.

14

14

Submit the SkillBridge Application

Statement of Understanding or Responsibilities and Authorization

Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.

- ☒ 1. I have contacted the SkillBridge program POC to confirm the procedures for participation and to ensure that I have the necessary access to Navy College Management Information System (NCMIS) for the application submission process.
- ☒ 2. Participating Service Members cannot receive from the SkillBridge provider any wages, training stipends, or any form of financial compensation for the time that the Service Members spend participating in SkillBridge.
- ☒ 3. I am fully aware there are limited seats, and acceptance may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter. If there is no space available for training with the DoW SkillBridge approved industry partner after authorization from the Commander, I will not depart for training and return to my primary duty station immediately.
- ☒ 4. I fully understand the financial requirements to participate, and I voluntarily assume any additional costs that may occur including travel, meals, parking, equipment, uniform, and/or housing costs associated with program participation. I attest this will not cause any financial hardship for me or my family.
- ☒ 5. I will return any items on loan from the training provider in good working order.
- ☒ 6. If the DoW SkillBridge approved industry partner requires use of my education benefits, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.
- ☒ 7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment and adhere to military appearance, ethics, and accountability requirements.
- ☒ 8. I agree to adhere to the Commander's accountability plan. Unauthorized absence or travel away from the DoW SkillBridge approved industry partner training location will result in charges under the UCMJ.
- ☒ 9. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.
- ☒ 10. I authorize the use of both the application and employment information for program statistical purposes.

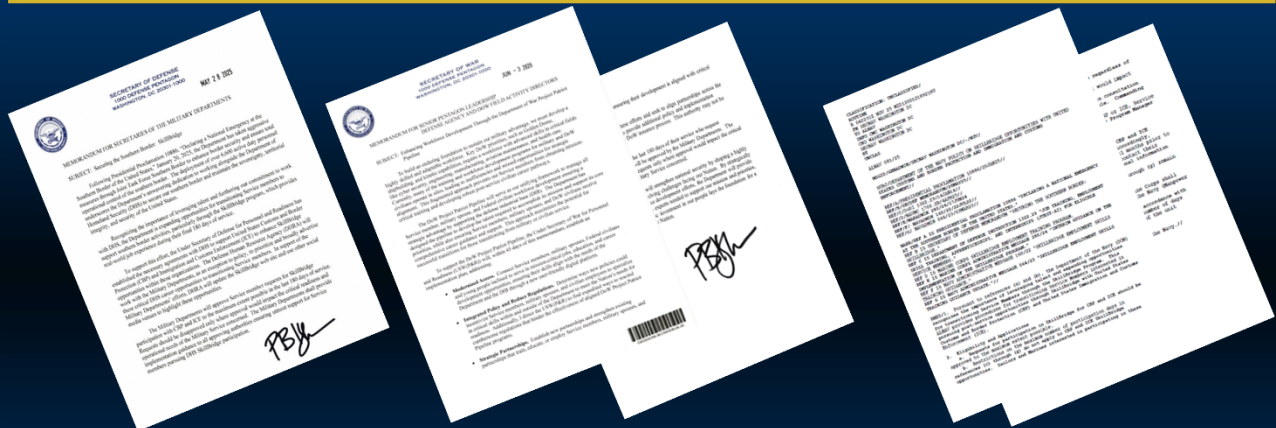
1 Save 2 Submit Cancel

- After all sections are filled out, all boxes checked and all documents uploaded, click the **“Save”** button one last time to save your application.
- After the save button has been clicked, click on the **“Submit”** button to submit your SkillBridge application to your SkillBridge coordinator.

15

15

180-Day Opportunities



- DIB and CBP-ICE opportunities allow Marines to participate in SkillBridge up to 180 days regardless of rank.
- After completing your application, you must E-mail HQMC to request this consideration.
hqmc_skillbridge@usmc.onmicrosoft.com
 - Marines must provide the training plan and acceptance letter when requesting 180-day participation.

16

16

Submission Confirmation

Submission Confirmation

By submitting this document I am agreeing to have it digitally signed. I understand that changes to the document do NOT invalidate my digital signature. My signature remains valid after these changes.

 Navy College Management Information System
Voluntary Education for the Sea Services

SkillBridge Application has been submitted.

Application Request Notification email sent.

- Read the Submission Confirmation statement and click the **Submit** button to digitally sign your application and send it to your supervisor for further routing.
- Confirmation that the application has been submitted appears on the screen.

17

17

Print Authorization Letter

For SkillBridge approval letter please speak with your SkillBridge Coordinator at your Education Office.

[Back](#) SkillBridge Application (40543)

Warning

Marines must only participate with organizations who will have an active MOU-agreement during their time at the command. For more information visit <https://skillbridge.osd.mil/organizations.htm>.

UNITED STATES MARINE CORPS
DET B MWSS-41 MAG-41 4TH MAW
WELLSVILLE, ARIZONA, AZ 85626

DEB BIR page 1
1700
CO
06 Jul 2026

From: Commanding Officer/Officer-In-Charge, DET B MWSS-41 MAG-41 4TH MAW
To: STAFF SERGEANT [REDACTED] USMC
Via: Gunnery Sergeant, [REDACTED] Supervisor
Master Gunnery Sergeant, [REDACTED] SEA/SEL

Subj: MARINE CORPS SKILLBRIDGE PARTICIPATION ICO STAFF SERGEANT [REDACTED]
USMC WITH CVS HEALTH - STORE MANAGER IN TRAINING

Encl: (1) BIR page 1
(2) DD Form 2648
(3) SkillBridge and Ethics Brief Verification
(4) SkillBridge Provider Acceptance Letter
(5) Commander's Authorization Letter

1. Staff Sergeant [REDACTED] is authorized to participate in the DoW approved program CVS Health - Store Manager in Training located at Woonsocket, RI.

2. This command supports Staff Sergeant [REDACTED] in SkillBridge participation from 2027-03-15 to 2027-05-31. The Marine secured lodging at NA, for the duration of the program.

3. I verified that Staff Sergeant [REDACTED] SkillBridge Program has a non-adjustable training date that concludes after their EAS/retirement date.

4. I verified that Staff Sergeant [REDACTED] can financially support him/herself and that they have secured a place of residence for the duration of the program.

5. Staff Sergeant [REDACTED] is required to coordinate an out-processing plan with DET B MWSS-41 MAG-41 4TH MAW's S-1 and the installation Personnel Administration Center (IPAC) outbound section prior to departure.

6. I have verified that Staff Sergeant [REDACTED] has satisfied all requirements for the SkillBridge opportunity and gained acceptance to an opportunity with a DoW approved program.

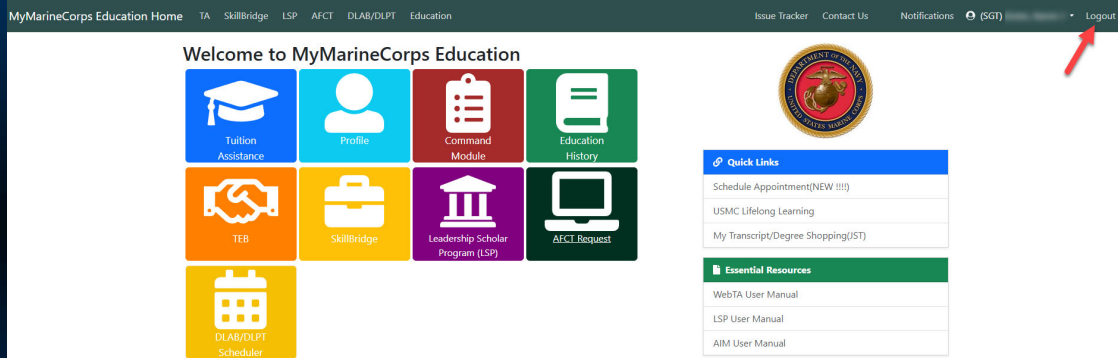
7. Point of contact at this command is Gunnery Sergeant [REDACTED], and [REDACTED]

- Once your request has been authorized by your Command Approver, you will need to visit your SkillBridge coordinator at your Education Office to obtain a copy of your authorized SkillBridge letter. The SkillBridge coordinator must brief you before you start your SkillBridge program.
- There will be a banner at the top of the application directing you to visit the SkillBridge coordinator to obtain the approved letter.

18

18

Log Out of MyMarineCorps Education



- Log out of MyMarineCorps Education by using **Logout** in the upper right corner when you have finished your session.
- This is particularly important in cases when Marines share computer workstations.