

ARNG Warrior Training Center Brigade Pathfinder School Waiver Form

1. Unit Letter Head:

Date:

Unit Name: _____

Street Address: _____

City/State/Zip: _____

2. ATRRS Course Listing/School Code: _____

3. Class Number: _____ Report Date: _____

4. Type of Waiver:

(NOTE: A Letter of Lateness signed by and O5 is required if submitted within 75 days of start date. NO EXCEPTIONS!)

5. Name (Last, First, MI): _____

6. Rank: _____

7. AOC/MOS: _____

8. UIC: _____

9. Justification for Waiver:

10. Point of Contact for waiver request (Name, Phone number and Email):

11. Signature block of 1st O5 (LTC) or higher in Soldier's Chain of Command:

Signature: _____

Last Name, First Name, MI: _____

Rank, Branch: _____

Title/Position: _____

For Office Chief of Infantry (OCOI), United States Army Infantry School (USAIS) use Only

For the Commandant: Approve Disapprove

OCOI Point of Contact for Waiver determination: