

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: