

United States Army Infantry School Exception to Policy Form

1. Unit Letter Head:

Unit Name/UIC: _____

Street Address: _____

City/State/Zip: _____

2. ATRRS Course Listing: _____

3. Class Number: _____ Report Date: _____

4. Reason for ETP Submission: _____

(If more room is needed for Description, Justification, and Course of Action Plan add an enclosure page)

5. Description:

6. Justification:

7. Course of Action Plan:

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

9. Signature block of 1st O6(COL) in Command. (Must be digitally signed)

Signature: _____

Last Name, First Name, MI: _____

Rank, Branch: _____

Title/Position: _____

ARNG Recommendation (MOS-T and OCS Only):

USAIS Only

Approve

Approve

Denied

Denied