

6. Unit Commander's Authorization:

_____ will attend courses _____ through _____
(Soldier's Name) (Day/Month/Year) (Day/Month/Year)

Participation will not exceed one year from date of reenlistment.

Name: _____ Rank: _____ Unit: _____

Signature: _____ Date: _____

7. A copy of this agreement will be filed with the Soldier's residual reenlistment packet.