

APPENDIX M – CACC Form 7B
Military Department – State of California
CALIFORNIA CADET CORPS
Request for Promotion Waiver

PERSONAL INFORMATION:

Last Name, First Name, MI

SSN

Rank/Grade

Mailing Address

City

Zip

Email Address

Phone/FAX

WAIVER REQUEST:

Current Rank/Grade

Date of Current Rank

Order Number

Rank Requiring Waiver

Reason for Waiver: _____

QUALIFICATIONS:

Date of Basic Commandant Training Academy

Passed

Not Passed

Date of Advanced Commandant Training Academy

Passed

Not Passed

Time Experienced in Current Rank/Grade (Months and Years)

Current Duty Assignment(s)

APPROVAL:



APPROVED



NOT APPROVED

Explanation/Instruction: _____

Personnel/Unit Action Committee Signature

Date

CACC Executive Officer Signature

Date