



INFANTRY UNIT LEADERS TRAINING COMPANY
INSTRUCTOR CONSIDERATION FORM



PERSONAL INFORMATION

RANK/NAME:

MOS:

EDIPI:

DOR:

DOB:

MARITAL STATUS:

SPOUSE NAME:

CHILDREN/AGES:

INSTRUCTOR DATA

UNITS SERVED WITH AT SOI-W:

BILLETS HELD:

EXPECTED ROTATION DATE FROM SOI:

EDUCATION (CIVILIAN & MILITARY)

CHRONOLOGY OF ASSIGNMENTS AND BILLETS

WHY DO YOU WANT TO SERVE AS AN INSTRUCTOR WITH INFANTRY UNIT LEADERS TRAINING COMPANY?

WHAT SETS YOU APART AS AN INSTRUCTOR IN YOUR CURRENT BILLET?

IN YOUR CURRENT MOS, WHAT SHOULD BE IMPROVED UPON IN ADVANCED INFANTRY TRAINING THAT WOULD BE MOST IMPACTFUL FOR THE FLEET MARINE FORCE?

WHAT ARE YOUR GOALS IN THE REMAINING TIME YOU HAVE AT SOI-W?

WHAT ARE YOUR 5 YEAR GOALS?

COMMAND ENDORSEMENT

COMPANY 1STSGT: Y / N **SIGNATURE:** _____

REMARKS:

COMPANY OPS CHIEF: Y / N **SIGNATURE:** _____

REMARKS:

COMPANY CO: Y / N **SIGNATURE:** _____

REMARKS:

BN OPS CHIEF: Y / N **SIGNATURE:** _____

REMARKS:

BN SGTMAJ: Y / N **SIGNATURE:** _____

REMARKS:

BN CO: Y / N **SIGNATURE:** _____

REMARKS: