

Figure C10.F5. English Comprehension Level (ECL) Waiver

# ECL Waiver Request for ELT at DLIELC

|                        |                     |                 |                   |
|------------------------|---------------------|-----------------|-------------------|
| <b>Request Date:</b>   |                     | <b>Country:</b> |                   |
| <b>Student Rank:</b>   |                     | <b>Name:</b>    |                   |
| <b>Student Service</b> | <b>Army:</b>        | <b>Navy:</b>    | <b>Air Force:</b> |
|                        | <b>Coast Guard:</b> |                 |                   |
|                        | <b>Other:</b>       |                 |                   |

|                        |   |                     |                         |                      |
|------------------------|---|---------------------|-------------------------|----------------------|
| <b>Funding Source:</b> | <b>IMET:</b>  |                     |                         |                      |
|                        | <b>FMS Case:</b>  |                     | <b>Case Designator:</b> |                      |
|                        |  | <b>FMF:</b>         |                         |                      |
|                        |   | <b>Host Nation:</b> |                         |                      |
|                        |   | <b>BPC:</b>         |                         | <b>Program Code:</b> |
|                        | <b>Other/Specify:</b>   |                     |                         |                      |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <b>Country ECL score:</b>  |  | <b>In-country ECL Test date:</b> |  |
| <b>Is the Incountry ECL test date within 105 days of DLIELC report date?</b> |  |                                  |  |
| <b>FOT required ECL Score:</b>   |  |                                  |  |
| <b>Is OPI required?</b>  |  |                                  |  |

|  |  |                      |  |
|--|--|----------------------|--|
| <b>ELT Start Date:</b>   |  | <b>ELT End Date:</b> |  |
| <b>Number of ELT weeks per DLIELC E-Wheel:</b>   |  |                      |  |
| <b>Weeks programmed for ELT:<br/>(do not include 9 weeks of SET/PME prep, if required)</b> |  |                      |  |

|  |  |                      |  |
|--|--|----------------------|--|
| <b>Follow-on Training (FOT):</b>                                       |  | <b>FOT MASL:</b>     |  |
| <b>FOT Location</b>  |  |                      |  |
| <b>Course Title:</b>   |  |                      |  |
| <b>FOT Start Date:</b>   |  | <b>FOT End Date:</b> |  |
| <b>Is SET required (MASL D 177009/MASL D177008/ MASL D177026)?</b>     |  |                      |  |
| <b>Is FOT a PME course that requires PME Prep Course MASL D177014?</b> |  |                      |  |

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| <b>Justification for Waiver:</b> |  |
|----------------------------------|--|
|                                  |  |

**If the programmed ELT duration is less than E-Wheel estimate, the following info is needed for the waiver decision:**

|           |  |
|-----------|--|
| <b>1:</b> | <b>Will FOT school accept the student if he/she fails to meet the FOT required ECL score in time to start SET/ PME Prep course? If yes, provide the FOT School POC information who agreed accept the student if he/she fails to meet the FOT required ECL score in time to start SET/ PME Prep course?</b> |
|           |  |
| POC       |  |

|           |  |
|-----------|--|
| <b>2:</b> | <b>If SET/PME prep is required for FOT, provide the FOT School POC information and identify what the minimum number of SET/PME prep weeks the school would accept vice the required 9 weeks?</b> |
|           |  |

|           |  |
|-----------|--|
| <b>3:</b> | <b>Provide the FOT School POC information and identify what the lowest ECL that the FOT school would accept if the student fails to attain the FOT required ECL?</b> |
|-----------|--|

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|--|--|

**Approvals:**

**SCO POC:**

| Name | Title/Organization | Date | Signature |
|------|--------------------|------|-----------|
|      |                    |      |           |

**COCOM POC:**

| Name | Title/Organization | Date | Signature |
|------|--------------------|------|-----------|
|      |                    |      |           |

**DSCA POC:**

| Name | Title/Organization | Date | Signature |
|------|--------------------|------|-----------|
|      |                    |      |           |