SUMMER SEA TERM REQUEST FORM
(Please type or print clearly)

***This form is only to be utilized for the situations as listed below***

NAME: ___________________________________________    DATE: ____________________

CRUISE COURSE NUMBER: ___________________  ID #: ______________________

Requested Split A/B _____________

Justification for request (Choose one):

☐ Military Obligation    ☐ Medical
☐ Academic              ☐ IDO/Squad Leader

Supporting documentation must be attached to this request:

Explanation:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

DUE DATE – FRIDAY 20 MARCH
COMPLETED FORM TO BE SUBMITTED TO YOUR REGIMENTAL ASSISTANT

APPROVED / DENIED

Commandant of Cadets ___________________________       Date__________