

NAVAL RESERVE OFFICERS TRAINING CORPS UNIT
UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN 48109
ONE TIME EVENT WAIVER

Date: _____

Name: _____

Platoon/squad: _____

Requested for:

1. Leadership Lab:

Date of event:

2. Battalion PT:

Date of event:

3. Other Activity: _____

Date of event:

Reason for request:

Recommendation:

Yes/No

Reason if no

SQD LDR:

PLT CDR:

BN XO:

BN CO:

Unit Staff Advisor:

Decision

Yes/No

Reason if no

Bottom Liner:

Signature: _____

Original to student

Copy to: ADMIN