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