

CADET SPECIAL REQUEST

(Date Submitted)

From: Cadet / C Golf / 0
Subj: Special Request (Company) (Room #)

1. I respectfully request approval for:

☐ a. Special Liberty from to

☐ b. Weekend Liberty [Short or Long] from to

If "Earned Weekend," specify how:

Address and Phone(s) where I can be contacted:

c/o:

Address:

Phone(s):

☐ c. Exchange of Duty with Cadet 1 / C of Company
who will stand my duty on

Signature of cadet taking duty cited above: _____

☐ d. Other:

2. I am presently on: [Check all that apply]

☐ Commandant of Cadets List

☐ Regimental Commander's List

☐ Dean's List

☐ Physical Fitness Evaluation List

3. My most recent TGPA is

4. My status is: [Check all that apply]

☐ Academic Probation

☐ Suitability for Service Probation

☐ Remedial PFE

☐ Academic Suspended Disenrollment

☐ Conduct Restriction

☐ Conduct Suspended Disenrollment

Medical: ☐ NFFD ☐ FFL ☐ FFFD

5. **SIGNATURE OF REQUESTER:** _____

Comments:

Attachments? [Yes/No]

6. **Routing** It is your responsibility to route this request via your military chain of command.

a. First route this request as indicated in 7. (as per page 2), ONLY if this request affects your academic or PE schedule. IF NOT, then route directly to your military chain of command as indicated in 8. (as per page 2).

b. If this is an "emergent situation" then immediately hand carry the request via your military chain of command.

Name /C Date:

CGACAD 8 CCA (09/13/07)

7. **Endorsements** If this request involves missing Academic or Physical Education classes, route this request first to you Academic Advisor, P.E. Instructor(s), and Academic Instructor

a. **Academic Advisor.** Name Dept: Phone:

"It is my opinion that this cadet [CAN / CANNOT] afford to miss classes and [CAN / CANNOT] make up the missed classwork."

Signature: _____ Date: _____

- b. **Instructors Endorsements.** If this request involves missing Academic classes, route this request via each of your instructors that is affected. **[NOTE: It is your responsibility to develop an appropriate makeup / recovery plan.]**

		Signature	Remarks
<input type="text"/>	<input type="text"/>	Approval / Disapproval	
(class)	(instructor name)		
<input type="text"/>	<input type="text"/>	Approval / Disapproval	
(class)	(instructor name)		
<input type="text"/>	<input type="text"/>	Approval / Disapproval	
(class)	(instructor name)		
<input type="text"/>	<input type="text"/>	Approval / Disapproval	
(class)	(instructor name)		
<input type="text"/>	<input type="text"/>	Approval / Disapproval	
(class)	(instructor name)		
<input type="text"/>	<input type="text"/>	Approval / Disapproval	
(class)	(instructor name)		

- c. **Chain of Command Endorsement** Route via chain of command:

a. 3/c Supervisor Recommend [Approval / Disapproval] _____ / _____ (initials / date)
Remarks:

b. 2/c Supervisor Recommend [Approval / Disapproval] _____ / _____
Remarks:

c. Division Officer Recommend [Approval / Disapproval] _____ / _____
Remarks:

d. Department Head Recommend [Approval / Disapproval] _____ / _____
Remarks:

e. Company Executive Officer Recommend [Approval / Disapproval] _____ / _____
Remarks:

f. Company Commander Recommend [Approval / Disapproval] _____ / _____
Remarks:

g. Company Officer Recommend [Approval / Disapproval] _____ / _____
Remarks:

h. **FINAL APPROVING AUTHORITY**

Returned: [Granted / Not Granted] (Signed / Dated) _____ / _____

Remarks:

Note: After Final Approval Route to Company XO for Excusal System Entry Review

(initials / date)

8. **Excusal System Entry** Is excusal from Routine of the Day needed? [Yes / No] _____ / _____

If Yes, entered into the Electronic Excusal System by Company XO? [Yes / No] _____ / _____

CC: (1) Company OOD