

CADET LEAVE REQUEST FORM

ALL LEAVE requires approval from the Commandant Department... so submit forms as early as possible to avoid denial/delays. Last day to submit request is **Tuesday at 1945**. Cadets, please print neatly and fully answer questions 1 – 12.

Cadet Leave Information

1. Cadet Last Name: _____ First Name: _____ Company: _____
2. Cadet Cell Phone Number: (_____) _____ - _____
3. Will MMA need to provide transportation? yes no → **Parent Must Make Request 2 Weeks In Advance.**
4. Date Departing Campus: _____ Time Departing Campus: _____
5. Date Returning: _____ Time Returning: _____
6. Name of Person Cadet Is Departing With: _____ Relation: _____
7. Where You Will Be Staying: Home Other (list address below):
Address: _____ City: _____ State: _____
8. Phone Number of Adult Responsible for You During Leave: (_____) _____ - _____
9. Purpose of Leave (regular visit, medical, wedding, funeral, college tours, etc.): _____
10. Will you miss **any** class time? yes no → **If yes, complete Academic Clearance form on back**
11. Rank _____ Are you a cadet leader? Position: _____
12. **Best Time to Contact Parent:** 8am-5pm 5pm-9pm **How:** e-mail cell home work

I understand that while on leave, I continue to represent Massanutten Military Academy, and will conduct myself in a manner which will bring credit upon myself and MMA. I also understand that if I fail to return to school by the approved date/time without proper notification and approval, I may be subject to disciplinary action.

Cadet Signature: _____ Date: _____

Commandant Department

Date Rec'd: _____

Rec'd Parent Verification: N/A (leaving with parent) phone email Date: _____ Rec'd By: _____

Responsibility in Writing for Other Cadet(s) Rec'd By: _____ Date: _____
_____, _____, _____, _____

Notes: _____

Approved

DENIED (check one or more): Late Academics Parent Denial No Verification Closed Day(s) Conduct
 Cadet/ Leader Obligation(s) Incomplete Form Other: _____

Commandant/Deputy Commandant Signature: _____ Date: _____

ACADEMIC CLEARANCE FORM

All Cadets that will miss class time due to leave must have each instructor initial this form. Once all instructors have initialed the form and given the Cadet work to be completed, the Cadet **MUST** get the Academic Dean or Registrar to authorize Academic Clearance below before returning the request to the Commandant Department for final approval.

CADET: _____ LEAVE DATES: _____ TO _____

PERIOD	COURSE NAME	NOTES/ ASSIGNMENTS/ INSTRUCTIONS	INITIAL
1			
2			
3			
4			
5			
6			
7			
8			
9	Athletics		

ACADEMIC DEAN/ REGISTRAR

Is Cadet on Academic Restriction/ Probation? Yes No

Is Academic Clearance Approved? Yes No ONLY as prescribed below

NOTES: _____

Academic Dean/ Registrar Signature: _____ Date: _____