VMI Cadet Permit Form

Name: _____ _____ _____
Last First Middle

Room Number: _____ Today's date: _____ Class of _____

Memorandum for: Commandant's Office/Dean of the Faculty

Subject of your permit: _____

Time of Departure: _____ Date of Departure: _____

Time of Return: _____ Date of return: _____

Permission is requested to be absent from Post for the following reasons:

_____
_____
_____
_____
_____
_____

Destination information: City _____ State _____ and/or Specific Location _____

Phone number where you can be reached while on leave (include area code): Phone _____

Method of transportation: _____ Uniform: _____ Civies not authorized in public in county.

AC Pro: yes ☐ no ☐ CON Pro: yes ☐ no ☐ PT Pro: yes ☐ no ☐ Cumulative GPA: _____

Number of PTs remaining: _____ Enter the date confinement ends: _____

Regular Weekends Remaining: 0 1st Class Days Remaining: 0 Dean's List Days Remaining: 0

☐ I will miss no classes.

☐ I have coordinated class absences with all instructors/professors of classes that will be missed (attach page 2).

Print Leave Permit Form

Reset Form

_____
Signature of Cadet

a. PERMIT MUST BE SUBMITTED NLT 4 WEEK DAYS IN ADVANCE OF EFFECTIVE DATE.

b. Permit must be resubmitted if you lose FULL CLASS PRIVILEGES AFTER permit is approved.

c. Medical furloughs and job related/graduate school permits must be coordinated on back of this form.

You must provide appropriate signatures if permit pertains to medical leave, interviews (job or grad school), or classes missed. Permit will be disapproved without the appropriate signatures.

Concurrence of Post Physician is required for all medical permits.

_____
Signature of Dr. Copeland

Concurrent of Director of Career services required for all job related/grad school permits.

(1st class only). _____
Signature of Col. Ratcliffe

NOTES:

1. Instructors/professors will indicate their concurrence with the cadet's request by signing.

2. Permit will be approved/disapproved by the Commandant or Dean of the Faculty in accordance with Blue Book directives.

Class: _____ Instructor's Signature _____

Class: _____ Instructor's Signature _____

Class: _____ Instructor's Signature _____

Class: _____ Instructor's Signature _____

Class: _____ Instructor's Signature _____

Class: _____ Instructor's Signature _____

Class: _____ Instructor's Signature _____