CORPS LAB and/or PROLAB EXCUSAL REQUEST FORM for Fall 2017

Last Name:     First Name:     
Date of Request:  Company:     
Email:     

Class that conflicts with Corps Lab: 
Course:    CRN:     
Instructor:     
Day(s) class meets:    Time class meets:     
Reason for Conflict:     

Steps taken to resolve conflict:     

Class that conflicts with ProLab: 
Course:    CRN:     
Instructor:     
Day(s) class meets:    Time class meets:     
Reason for Conflict:     

Steps taken to resolve conflict:     

Signature of Academic Advisor: ________________________________     

If the excusal request is approved, I understand I am responsible for obtaining all general information announced at each Corps Lab and/or ProLab: 
Yes: _____   No: _____     

If the excusal is approved, I understand I am required to participate in all other Corps Lab and/or ProLab events scheduled outside of Corps Lab and/or ProLab: 
Yes: _____   No: _____     

Corps Lab excusal is: Approved: ______   Disapproved: ______     
Signature: ________________________________     Date: ___________     
Deputy Commandant

ProLab excusal is: Approved: ______   Disapproved: ______     
Signature: ________________________________     Date: ___________     
LTC Russell

(Completed form due to 251 Lane Hall no later than Friday, 9/1/17)