



SEMESTER _____

(Print Clearly)

Full Name: _____

Permanent
Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Cadet MMA Email: _____

Major(s): _____ Grad Date: _____ Date of Birth _____

Semesters Completed in the Regiment _____ Current GPA: _____

Reason for requesting Regimental Commuter Status: _____

I understand that if approved for Regimental Commuter status, I will be required to complete all commitments including, but not limited to, watches, ship maintenance, and random drug testing. In addition, I will abide by all MMA Regimental Manual rules and regulations, i.e. uniform and grooming standards.

Signature: _____ Date: _____

Print Name: _____