

Military Service PE Waiver Form Office of the Registrar

Name:				ilident ID:	
	Last	First	MI		
Address	s:				
1144105	Street/Box#	City	у	State	Zip
I hereb	y make application	on for the following	;:		
	minimum of thre	(2) quarter hours of the consecutive moneyed drills or summer	ths on active duty		
ATTA	CHED IS A COP	Y OF MY DD214	(Discharge) show	ving the followin	g:
	Date of entry into active service:				
	Date of separation/discharge:				
	Length of service:				
		OU is:			
Date: _		Signature o			
FOR C	OFFICE USE ON	LY			
quarter	to certify that hours in PE activicial record attack	vity courses because	is e e of military expe	ntitled to a waiv crience in accord	er of two (2) ance with
Date: _		Approved by:			_, Registrar
Date re	ecorded on perma	nent record:	By:		