



Fall Gathering Waiver Request

Sunday – Wednesday, November 9 – 12, 2025

Waiver Due by Friday, September 5, 2025

Name _____

Cell _____ / _____ / _____

Email:

_____ @ _____

Please indicate below the reason for your request & when you request to be absent from Fall Gathering (either full or partial waiver & indicate days/times). ***Waivers must be approved by the Academic Dean.***

Request Information:

Student Signature _____ Today's date _____

Dr. Ora Horn Prouser _____ Today's date _____