



Fall Gathering Waiver Request

Sunday – Wednesday, November 8 – 11, 2026

Waiver Due by Friday, September 4, 2026

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 _____