#

# Intensive

Monday – Wednesday

March 4 – 6, 2024

**WAIVER REQUEST FORM**

***Approved Waiver Due in Office by February 1, 2024***

Name Student ID#

 Cell

Email:

I request the following waiver for Intensive attendance: *(Requires approval of Academic Dean.)*

* Entire Intensive
* Miss one day - List Day:
* Miss Two days – List Days:

Reason for Request:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date \_\_\_\_\_\_\_\_\_

Dr. Ora Horn Prouser: Today’s date \_\_\_\_\_\_\_\_\_