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# Intensive

Sunday, February 23 – Wednesday, February 26, 2025

**WAIVER REQUEST FORM**

***Approved Waiver Due in Office by Friday, January 31, 2025***

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 requesting waiver:

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

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