



## Retreat

Sunday – Wednesday, November 13 – 16, 2022

**Approved Waiver Due by Friday, October 7, 2022**

Name \_\_\_\_\_

Cell \_\_\_\_\_

Email: \_\_\_\_\_

I request the following waiver for Intensive attendance: - ***requires approval of Academic Dean***

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Today's date \_\_\_\_\_

Dr. Ora Horn Prouser \_\_\_\_\_ Today's date \_\_\_\_\_