



Retreat Waiver Request

Sunday – Wednesday, November 10 – 13, 2024

Waiver Due by Friday, September 6, 2024

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 _____