



**Retreat**

Sunday – Wednesday  
November 14 - 17,  
2021

**RETREAT WAIVER REQUEST FORM**

***Approved Waiver Due by November 5, 2021***

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Phone / Home \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_