



Academy for Jewish Religion  
FALL RETREAT WAIVER REQUEST FORM

**Approved Waiver Due in Office by October 5, 2017**

Fall Retreat dates:  
November 5-8, 2017  
Heritage Hotel  
Southbury, CT

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

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

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

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

- Entire Retreat
- Late Arrival - Expected Arrival Day and Time: \_\_\_\_\_
- Early Departure - Expected Departure Day and Time: \_\_\_\_\_

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

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

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