



Intensive
Sunday - Tuesday
February 26 - 28, 2017

INTENSIVE WAIVER REQUEST FORM

Approved Waiver Due in Office by February 1, 2017

Name _____ Student ID# _____

Phone / Home _____ Cell _____

Email: _____

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

- Entire Intensive
- 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 ____/____/____