



**Intensive**  
Monday - Tuesday  
February 12 - 14, 2018

**INTENSIVE WAIVER REQUEST FORM**

***Approved Waiver Due in Office by January 25<sup>th</sup>, 2018***

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 \_\_\_\_/\_\_\_\_/\_\_\_\_