



Academy for Jewish Religion
FALL RETREAT WAIVER REQUEST FORM

Approved Waiver Due in Office by October 5, 2018

Fall Retreat dates:
October 28-31, 2018
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 ____/____/____