

# LINDENWOOD

REAL EXPERIENCE REAL SUCCESS.

21¿FH RI \$FDGHPLF 6H  
3HWLWLRQ IRU 3ROLF

This exemption is for:

Year _____	%Semester _____
%Fall _____	%2 WKHU _____
%6SULQ _____	
%SXPPHU _____	

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Major \_\_\_\_\_ Advisor \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

I am requesting an exemption to the following policy: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Recommendation of Advisor:  
 \$SSURYH BBBB 'LVDSSURYH BBBB 5HDVRQV IRUÁ9ñ h"ry€0  
 \_\_\_\_\_

\_\_\_\_\_

Recommendation of Registrar \$ V L V W D Q W Provost:  
 \$SSURYH BBBB 'LVDSSURYH BBBB 5HDVRQV IRU GLVDSSURYDO LI DQ\ BBBB  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

3ROLF\ H[HPSWLRQ IRUPV KDYH DQ H[SLU&R DRDGD WH \$VIRVYVZRW NLOV W KH IDIUPHU