

# 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 WU \$RULYVWZRW NJQV W KH IDIUPHU