

LINDENWOOD

REAL EXPERIENCE REAL SUCCESS.

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

This exemption is for:

Year _____	%Semester
%Fall	%2 W KHU
%6 SULQ	
%SXPPHU	

Name _____ Student ID# _____

Major _____ Advisor _____

Phone _____ Email _____

I am requesting an exemption to the following policy: _____

Date: _____ Signature: _____

Recommendation of Advisor:

Recommendation of Registrar _____ Provost:

Date: _____ Signature: _____