

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

# **FALL 2019 COMMUNITY LIFE & WORSHIP WAIVER REQUEST**

Campus Ministries Department  
Division of Student Affairs  
Carson-Newman University  
865-471-3537

## **WAIVER REQUEST DEADLINE: Monday, September 16, 2019**

### **INSTRUCTIONS:**

1. Waivers will normally only be granted to students who have **conflicts resulting from curricular demands** (such as student teaching and nursing internships) that prevent them from attending Community Life and Worship during designated times.
2. **Deadline:** Waiver requests must be submitted to the Campus Ministries Office no later than **Monday, September 16, 2019.**
3. The **FACULTY ADVISOR'S SIGNATURE**, as well as the **EMPLOYER'S SIGNATURE** **MUST BE PRESENT** or the request will not be accepted. Please note that student work schedules and/or work-study will be considered, but do not guarantee a waiver of the CLW requirements.
4. In situations of employment conflicts, **A WORK SCHEDULE SIGNED BY THE EMPLOYER ON COMPANY LETTERHEAD MUST BE ATTACHED TO THE WAIVER.**

### **APPLICATION:**

Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
(First) (Middle initial) (Last)

C-N Box \_\_\_\_\_ E-mail \_\_\_\_\_

Classification (Year) \_\_\_\_\_ Student ID \_\_\_\_\_ Major \_\_\_\_\_

**(For Commuters Only)** \_\_\_\_\_

Street Address City State Zip

Please state the reason for your request to waive Community Life and Worship requirements (include **all possible factors** that could affect attendance—use the back of form as needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **AUTHORIZATION SIGNATURES**

\_\_\_\_\_  
**Faculty Advisor**

\_\_\_\_\_  
**Employer**

#### **ADMINISTRATIVE ACTION (To be completed by Campus Ministries Department)**

(\_\_\_\_) Approved (\_\_\_\_) Not Approved

Reason \_\_\_\_\_

\_\_\_\_\_  
Chad Morris, Director of Campus Ministries

\_\_\_\_\_  
Date