OBU J-Term Exemption Form

Student Application

Full Name: ____________________________________________

Last Name: ____________________________________________

First Name: ____________________________________________

Middle Name: ____________________________________________

Current Address

Street Address, Box Number or Route ____________________________________________

City, State and Zip Code ____________________________________________

Telephone Number ____________________________________________

E-mail Address ____________________________________________

Permanent Address (if different from current address)

Street Address, Box Number or Route ____________________________________________

City, State and Zip Code ____________________________________________

Telephone Number ____________________________________________

Student Information

Student ID ____________________________________________

Major ____________________________________________

Minor ____________________________________________

Advisor ____________________________________________

Please explain in detail your reasons for seeking exemption from J-term attendance. You may use the back of this form or attach extra pages as needed.