## REQUEST FOR EXCUSED STATUS

| I,   |  |
|--|--|
| (Name)   |  |
| Fraternity:  |  |
| wish to request that my fraternity consider me an excused member for a period of six months. If my situation warrants an extension, I will renew my request for a vote of approvalfor another extended period of time. I am unable to meet in community with my Franciscan brothers and sisters because: |  |
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| (Signature) (Date)   |  |