REQUEST FOR EXCUSED STATUS

Fraternity: _____

I, _____
(Name))

I 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 approval for another extended period of time.

I am unable to meet in community with my Franciscan brothers and sisters because:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

(Signature) (Date)