

THE FLORIDA STATE UNIVERSITY
NINE HOUR SUMMER TERM REQUIREMENT
WAIVER FORM

This form is to be completed by the petitioning student's academic dean and forwarded to the Office of the Dean of the Faculties, 314 Westcott Building, mail code: 1480.

Full Name of Student: _____

Mailing Address: _____

Number of hours to be waived: _____ Expected date of graduation: _____
Semester/Year

(1) Justification of the request for waiver as determined by the student's academic dean:

(2) Attach the student's request for waiver to this sheet.

Signature of Official Submitting Request: _____ Date: _____

Title: _____

College/School: _____

Mail Code: _____

Dean of the Faculties Use Only

Approved: _____ Date: _____
Dean of the Faculties and
Deputy Provost

Once approved, the Office of the Dean of the Faculties will forward copies to the student, the academic dean, and the registrar for placement in the appropriate files.

cc: Student
Academic Dean
Registrar