

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 Faculty Development and Advancement, 115 Westcott Building, mail code: 1480.

Full Name of Student: _____

Student EMPLID: _____

FSU Email Address: _____

Number of hours to be waived

Expected date of graduation – Semester/Year

1. Attach the student's request for waiver to this sheet.

Printed Name and Title of Official Submitting Request Signature of Official Submitting Request Date

Printed Name and Title of Staff Member (if different from official submitting request)

College: _____ Mail Code: _____ Date: _____

2. Justification of the request for waiver as determined by the student's academic dean:

3. Do not include transcripts, etc. with this request.

Office of Faculty Development and Advancement Use Only

Approved: _____
Associate Vice President for Faculty Date
Development and Advancement

Once approved, the Office of Faculty Development and Advancement will forward copies to the academic dean, and the Registrar for placement in the appropriate files. The student will also receive an email stating that the petition has been approved.

cc: Student
Academic Dean
Registrar