

## REQUEST TO WAIVE A UNIVERSITY REQUIREMENT FORM 10

The top portion of this form is to be completed by the student, and then taken to the appropriate individuals for recommendations, comments, and signatures. If any or all individuals recommend disapproval, this request will continue to the Dean or designee of the Graduate College for final determination.

All Information Mu	st Be Typed			
Student's Name:				Z Number:
First	МІ	Last		
Student (Signature)			D	ate ate
Attach a letter outlining the precise action to be	taken, and the justifica	tion or reason for th	t include the requiren ne request. In explaini	nent you wish to have waived (please use FAU Course Catalog language), ng the request, you may choose to describe the circumstances that led to s an approval would solve the problem (please be detailed).
		Comments (	Attach a letter if no	ecessary):
I recommend the foll	lowing action:			
Approval	☐ Disapprova	al		
Student's Advisor or Progr	ram Coordinator (Signatur	e) I	Date Student's	Advisor or Program Coordinator Email
I recommend the following	owing action:	Comments (	Attach a letter if ne	cessary):
Approval	☐ Disapprova	ıl		
	<del></del>			
Department Chair or Desig	gnee (Signature)	D	ate	
I recommend the foll	owing action:	Comments (At	ttach a letter if nece	ssary):
Approval	☐ Disapprova			
	<u></u> Бізарріоча	11		
College Dean or Designee (Signature)		Dat	te	
I recommend the following action:		Comments (A	attach a letter if nec	essary):
Approval	Disapprova	ıl		