## Marine Science and Oceanography **Program Petition**



Rev 1/23/24

## **Instructions:**

- Use to request a waiver of a Marine Science and Oceanography program Requirement or Regulation.
- All Petitions must be submitted at least one month prior to the beginning of the term in which you plan to graduate.
- Petitions for courses over 10 years old will not be considered. Completed Form must emailed to MSO-Admin@fau.edu.

You will be notified by email once the Committee has made a decision. All decisions are final and will not be reconsidered.

| Please Print  |                                       |                           |
|---|---------------------------------------|---------------------------|
| Last Name:  | First Name                            | Student Z-Number:         |
|   |                                       |                           |
| FAU E-mail (required)   | fau.edu                               |                           |
| Home Phone #  | Cell Phone #                          |                           |
| Thesis/Nonthesis/MST/Pa   | SMExpected Graduation                 | n Term:                   |
| FAU GPA   | Overall GPA                           |                           |
|   |                                       |                           |
|   |                                       |                           |
|   |                                       |                           |
| Requested Waiver Summary:   |                                       |                           |
| Attach a type written, detailed letter: Letter must include the requirement you wish to have waived, the precise action you wish to be taken, and the justification or reason for the request. In explaining the request, you may choose to describe the circumstances that led to this situation, explain why a waiver of a requirement is the best remedy, and state specific ways an approval would solve the problem. |                                       |                           |
| Advisor's Comments & Recommendation:  |                                       |                           |
| ,   |                                       |                           |
| Advisor Signature:  |                                       |                           |
| FOR DEPARTMENT USE ONLY.  |                                       |                           |
|   |                                       |                           |
| Decision:   |                                       | (All Decisions are Final) |
|   | MSO Graduate Program Director Signatu | re:Date:                  |

Student Notified\_\_\_\_\_ by:\_\_\_\_\_