THE FLORIDA A&M UNIVERSITY

NINE HOUR SUMMER REQUIREMENT WAIVER FORM

Complete section (1) below and attach a separate page of your justification of the request for waiver. Turn in the form with your justification to Student Services Office at the College of Engineering, Room B111. The completed form will be forwarded to FAMU Registrar's Office.

(1)	Name of Student:			
	Student ID:			
	FAMU Email Address:			
	Number of hours to be w	aived:		
	Expected date of graduat	ion (Semester/Year):	/	
(2)	Justification of the reques	t for waiver as determ	ined by the student's acad	emic dean:
Ap	pproved:		Date:	
P		e of Engineering		
cc:	Student Department Student Services			