Instructions:

- Use to request a waiver of a Biology Department 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
- Petitions for DIS from other departments will not be considered without first consulting with Program Committee Chair (either Undergraduate or Graduate)
- Must attach a copy of an updated Transcript and a completed Audit from your advising appointment.
- **Completed Form must be brought to the Biological Sciences Department (SC 136)**
  
  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 # __________________________ Mobile Phone # __________________________

BS/BA __________________________ Expected Graduation Term: __________________________

FAU GPA __________ Overall GPA _____________

Student’s Signature __________________________ Date ______________

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:
________________________________________________________________________
________________________________________________________________________

FOR DEPARTMENT USE ONLY.

Decision: ____________________________________________ (All Decisions are Final)

Undergraduate or Graduate Programs Committee Chair Signature: __________________________ Date: _______

Student Notified __________ by: __________________________

Revised 12 – 01 -14