APPEAL FOR WAIVER OF GRADUATION REQUIREMENT

University of West Florida

OFFICE OF THE REGISTRAR

Bldg 18: 11000 University Parkway, Pensacola, FL 32514
Phone: 850.474.2244
Fax: 850.473.7345
E-mail: registrar@uwf.edu

Instructions: Complete the upper portion of form; type or print and use additional page(s) as needed. Obtain recommendation from advisor, department chairperson, and college dean. You will be notified of the final decision in writing.

Name _____ **UWF ID Number** _____
Last **First** **Middle**

Daytime Phone: _____ **UWF Email Address:** _____

Major/Program: _____

State graduation requirement: _____

State exact waiver request: _____

_____

_____

Provide reason for waiver (attach documentation if appropriate):

Faculty Advisor's Recommendation:
~ Approve **~ Deny**
_____
Signature **Email** **Date**

Department Chairperson's Recommendation:
~ Approve **~ Deny**
_____
Signature **Date**

College Dean's Recommendation:
~ Approve **~ Deny**
_____
Signature **Date**

FORWARD WITH APPROPRIATE SIGNATURES TO THE OFFICE OF THE REGISTRAR, BUILDING 18

FINAL DECISION by the Appeals Committee:
~ Approve **~ Deny**
_____
Signature **Date**