



UNDERGRADUATE COLLEGE PETITION TO WAIVE REQUIREMENT OF NO TRANSIENT WORK

TO BE COMPLETED BY THE PETITIONER: (Please type or print)

Name: _____ Student number Z _____

Address: _____
(number, street) (City) (State) (Zip)

Telephone number (_____) _____ Email _____

Term for which action is requested _____ 20_____

College / major _____

Please state the hardship that requires that you take a course at another institution (NB: tuition differential; easier course; more convenient time do NOT constitute hardships).

Course	Institution
_____	_____
_____	_____

_____ Not approved

_____ Approved

I understand that if this petition is approved, **I will accept responsibility for having a transcript sent at the end of the term to the FAU Registrar's Office (copy to Dr. Johanson).**

SIGNATURE OF STUDENT: _____ **Date** _____

DEAN'S SIGNATURE: _____ **Date** _____