



COGGIN COLLEGE OF BUSINESS

REQUEST FOR WAIVER OF COLLEGE POLICY

Student N#: _____

Student Major: _____

Student Name: _____

Student Classification: _____

Academic Advisor: _____

Student Contact Number: _____

Section to be completed by student (please write legibly or attached typed request)

State type of request:

State reason(s) you believe an exception should be made in your case. You may attach a separate sheet if necessary:

Student Signature: _____ Date: ____ / ____ / ____

- **Documentation substantiating circumstances beyond the student's control must be attached.** (i.e. doctor's statement, letter from employer, etc).
- You will receive a decision regarding your request to your UNF email. This does not eliminate your responsibility for ensuring that action is taken on your request.

Advisor Signature: _____ Date: ____ / ____ / ____

Supporting Comments:

(Only if Applicable)

Instructor Recommendation: Approved _____
 Denied Appropriate Signature & Date

Supporting Comments:

Chairperson Recommendation: Approved _____
 Denied Appropriate Signature & Date

Supporting Comments:

Dean or Designee Recommendation: Approved _____
 Denied Appropriate Signature & Date

Supporting Comments:

This exception is valid only until: ____ / ____ / ____ Initialed by _____
