

WAIVER REQUEST					WAIVER NUMBER
<i>(This form contains personal information that requires protection from unauthorized disclosure.)</i>					
REQUESTOR NAME <i>(Last, First, Middle Initial)</i>		ORGANIZATION/OFFICE SYMBOL	BASE	DSN	DATE
NATURE OF REQUEST					
<input type="checkbox"/> SYLLABUS WAIVER <input type="checkbox"/> AFCAT WAIVER <input type="checkbox"/> SENIOR OFFICER/KEY STAFF <input type="checkbox"/> COURSE COVERAGE <input type="checkbox"/> OTHER					
STUDENT NAME <i>(Last, First, Middle Initial)</i>		GRADE	SSN	STUDENT ORGANIZATION	
COURSE TITLE	COURSE NUMBER	CLASS NUMBER	START DATE	GRAD DATE	
REMARKS/JUSTIFICATION <i>(Include coordination block number)</i>					
PROPOSED COURSE OF ACTION <i>(Continue comments on reverse if necessary)</i>					
RECOMMEND		COORDINATION			
APPROVE	DISAPPROVE	ORG/OFFICE	SIGNATURE	GRADE	DATE
1.					
2.					
3.					
4.					
FINAL APPROVAL					
5.					

CONTINUATION