

Office of the University Registrar 863.874.8540 | Room 2038/2040 4700 Research Way Lakeland, FL 33805-8531 Registrar@FLPoly.org

Request for Waiver of Mandatory Summer Enrollment

Student ID:		_	
Last Name:	First Name:	Middle Initial:	
Address:			
City:		State:	Zip Code:
Phone Number:	Email:		@FLPoly.org
earn at least 9 credit hours p University System (only). The	nts entering the State University System as rior to graduation by attending one or mor e application of this rule may be waived in o datory Summer Enrollment for unusual har ffered, Hardship.	re summer terms at one cases of unusual hardsh	e of the universities in the Florida State ip to the individual. A student may
Check which condition appli	es below:		
seasonal employment a	With documentation from the employer or nd would be hired only during the summer or previous summer terms, though all sun	term. Documentation r	may be used to substantiate either the
	cademic Program Not Available During A specifically that the student is unable to take ummer term.		
	ting From Exceptional Circumstances Wellem. Provide any appropriate documentation		
decision. The decision will b a) Have you previously s	e noted below and a copy of this form will ubmitted documentation for summers other	I be emailed to you. er than that which is att	tached to this request? YES NO
	te graduation? Term:		
	summer term at any of the other Florida s		
	ed toward meeting your summer requireme ion to send an official transcript. Summer a nent.		
I certify the above information	on is complete and accurate.		
Student Signature:		Date:	
	OFFICE OF REGISTRAR -	- USE ONLY	
Date Received:			
Processed By:		Date:	