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Student Employment Work Approval Form

Student Name:(Please print)	Student I.D.: Z (Z Number)
Address: (Street, City, State, Zip Code)	
	FAU E-mail address:
FAU Undergraduate Institutional G.P.A	Primary Academic Advisor:
Check requested approval below:	
☐ Rationale for working more than 20 hours a week:	
☐ Rationale for working with a G.P.A under a 2.00:	
G.P.A.)	nentation, including your academic plan to maintain a strong
Children Cinnature	Data
Student Signature:	Date:
For UA	S Office Use Only
NOTIFICATION:	
Your petition was reviewed on:	
ACTION TAKEN: Approved Denied	Date petition received
Comments:	·
Signature of UAS Advisor/Associate Dean:	Data
UAS Advisor/Associate Dean.	Date: