

INSCT WAIVER PETITION FORM



Syracuse University
Institute for National Security
and Counterterrorism

NAME

DATE

ADDRESS

SU ID #

E-MAIL

DEGREE

CLASS

CERTIFICATE OF
ADVANCED STUDY

SECURITY STUDIES

NATIONAL SECURITY & COUNTERTERRORISM LAW

POSTCONFLICT RECONSTRUCTION

.....
I RESPECTFULLY
PETITION TO:

.....
1. PROGRAM
DIRECTOR

DATE

2. REGISTRAR

DATE
RECORDED