



U.S. Department of Transportation  
**Maritime Administration**

## APPLICATION FOR REVIEW OF WAIVER/DEFERMENT DECISION

**PART I. INSTRUCTIONS:** Applicant must complete Part I. The completed form should be forwarded to:

Maritime Administration  
Academies Program Officer  
1200 New Jersey Avenue SE  
Washington, DC 20590

The Maritime Administration will notify the applicant of the decision made on the request for review

1. Name (Last, First, Middle)

2. Social Security Number

3. Address (Street, City State, and Zip Code)

4. Is this an appeal of a disapproved waiver or deferment request?

Waiver

Deferment

5. Reason for Appeal

6. Signature of Applicant

Date

7. Recommendation

Approved

Disapproved

8. Remarks

9. Signature of Academies Program Officer

Date

### PART II.

### MARITIME ADMINISTRATOR

10. Decision

Approved

Disapproved

11. Remarks

12. Signature of Maritime Administrator

Date