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## 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
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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
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7. Recommendation

Approved  
 Disapproved

8. Remarks

9. Signature of Academies Program Officer	Date
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**PART II. MARITIME ADMINISTRATOR**

10. Decision

Approved  
 Disapproved

11. Remarks

Signature of Maritime Administrator	Date
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