Please carefully read these instructions before completing this petition.

Florida statute limits the number of times a student may attempt a course to three (3) attempts. In addition, Florida statute places responsibility for the full cost of instruction on the student after the second course attempt. However, legislation provides for a one-time exception to the maximum course attempts rule and to its associated fee, the Multiple Attempt Surcharge.

1. Exceptions shall be considered on a case-by-case basis and may be granted only after the student has made a reasonable effort to successfully complete the class.
2. Any student who withdrew from or failed a college preparatory or college credit course due to an interfering major extenuating circumstance may be granted a one-time exception, per course, to the maximum course attempts rule and/or the associated Multiple Attempt Surcharge. Such exceptions shall be considered on a case-by-case basis, and may include the following:
   - Serious illness or documented medical condition.
   - Death of an immediate family member.
   - A call to active military duty or military training.
   - A documented change in conditions of employment.
   - A documented learning disability.
   - Financial hardship.
   - Other emergency circumstances or extraordinary situations, such as natural disasters.

NOTE: There may only be one (1) approved waiver for major extenuating circumstances per course.

STEPS TO FILE REQUEST

Complete the reverse side of this form. Type or print all information; sign and date this form.

1. Submit a typed or legibly printed statement that describes the circumstances around why you are requesting a Reduction of Fees Due to Continued Enrollment. Students should consider the importance of the request and take great care in organizing the content of the letter of explanation that is to be attached to the request form.

2. Attach third-party documentation that supports the circumstances described in your statement. Examples of documentation may include: 1) Copy of hospital bills and/or a statement from your doctor indicating dates of treatment and release; 2) Death certificate of the deceased family member as well as your own birth certificate as an indication of family ties; 3) Military or military training orders; 4) A signed and dated letter from your employer (on letterhead) indicating the date your work schedule changed as well as your new schedule; 5) Indication of your registration with Adaptive Services; 6) Verification from Financial Aid of eligibility for need-based financial aid, etc.

3. Completed requests, including the completed form, an attached statement, and supporting third-party documentation should be submitted to the Office of the Registrar on the Lee Campus or the Academic Services Office on the Hendry/Glades, Charlotte, or Collier Campus.

PETITION REVIEW

Requests are reviewed monthly, according to the timeline outlined in the Petition Review Committee Schedule, and results are communicated in writing to the student’s @Bucs email address.
Reduction of Fees Due to Continued Enrollment

NOTE: Request one course at a time; do not request multiple, different courses (for example, ENC 1101 and SPC 1017 and HUM 2020) on the same petition form. (If you wish to petition for multiple, different courses, file a separate petition for each course.)

Student Information

__________________________________________________________  ____________________________
Student’s First Name and Last Name (Print, Please)    FSW ID Number

Course for which you are requesting an exception:

<table>
<thead>
<tr>
<th>ORDER of ATTEMPTS</th>
<th>COURSE ID</th>
<th>COURSE TITLE</th>
<th>COURSE REFERENCE NUMBER (CRN)</th>
<th>TERM, YEAR ATTEMPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: First Attempt</td>
<td>Ex: ENC 1101</td>
<td>Ex: Composition I</td>
<td>Ex: 34567</td>
<td>Ex: Summer 2020</td>
</tr>
</tbody>
</table>

__________________________________________________________  ____________________________
Student’s Signature                                      Date

FOR OFFICE USE ONLY

Financial Aid Input

Eligible for need-based aid:  ☐ YES  ☐ NO

Additional Comments: ________________________________________________________________

__________________________________________________________  ____________________________
Financial Aid Administrator: Signature                   Date

Petition Outcomes

Petition Results:  ☐ APPROVED  ☐ DENIED

__________________________________________________________  ____________________________
Office of the Registrar Designee: Signature               Date

Additional Comments: ________________________________________________________________

__________________________________________________________  ____________________________
__________________________________________________________  ____________________________

DATE PROCESSED: ____________________________  DATE EMAILED: ____________________________