

Please Carefully Read Below Before Completing This Petition

Instructions

- 1) Fill out all four sections of this petition completely before submitting. Incomplete petitions will not be reviewed.
- 2) Request your professor complete an Instructor's Memorandum (Form 4).
- 3) Attach supporting documentation explaining your reason for the request.
- 4) Attach a personal statement of your circumstances and clearly state your desired outcome.
- 5) Please submit petition to Student Academic Services: Undergraduate students can submit the petition in person to Boca Campus Fleming West 102, in person to Davie Campus Liberal Arts 444, via fax to 561-297-3978, or via e-mail to COBAdvising@fau.edu.
- 6) Students will be notified by FAU email of the decision. Make sure to include your FAU email address. If you do not provide an FAU email address, you will not be notified. The usual time frame for notification of decision is two weeks. All submitted documents become property of the College and will not be returned or saved. Please keep originals and make necessary copies for your records.

Please Note:

- Poor academic performance does not constitute grounds for late withdraw. If you have any questions on what information and/or documentation to provide, please contact the Student Academic Services office for assistance.
- If you completed the course or if the course was taken more than one semester ago, your petition will be denied. An exception can be made for non attendance.

1. Student Information: (Select One) Graduate Student

Name: _____

Street Address: _____

City, State, Zip: _____

Undergraduate Student

Student Number: Z# _____

Major: _____

FAU E-mail (required): _____@fau.edu

Day Time Phone (____) ____-_____

2. Course Information:

Course Prefix, Number and Section or "Total" for All

Semester/Year: _____

Title

Instructor: _____

3. Reason(s) for Request:
- Personal Illness ----->
- Never Attended
- Personal and/or Family Problems
- Work Circumstances
- Other: _____

- Documentation to Provide For Personal Illness:**
- Physician / Clinician's written statement must include: Diagnosis (DCM/ICD), prognosis and dates of treatment. Must be on Physician / Clinician's letterhead, and include the Physician / Clinician's name, title, date, and signature. Prescription pad note WILL NOT be accepted.
 - Physician / Clinician's must state that condition prevents successful completion of the course(s) and the reason(s) why
 - Note: The medical documentation will be sent to the Dean of Students Office for review by the ECW team for the purpose of verifying the documents.

4. Personal Statement:
Write a one page letter describing your circumstances and what you want and attach needed documentation along with this form.

Student Signature

Date

Departmental Use Only – Students: Do not write in this area.

- Approved Denied Deferred No Action
- Approved for Medical or Personal Hardship

Signature of College Representative

Date

Comments: _____