FAU | COLLEGE OF BUSINESS | STUDENT ACADEMIC SERVICES

Form 7: Part-time Registration Petition

This form is not appropriate for all students; please read all instructions carefully, and submit only when directed to do so by an academic advisor.

1. Fill out this form completely before submitting. Incomplete forms will not be reviewed.
2. You must attach a personal statement and/or supporting documentation of claim or hardship.
3. Submit petition to Student Academic Services in one of the following ways: Boca Campus (Fleming West 102), Davie Campus (Liberal Arts 444), fax to 561-297-3978, or e-mail to COBAdvising@fau.edu.
4. 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 a 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.

Student Name: _____ **Z#** _____

Phone Number:_____ **FAU E-mail:** _____

Number of Credits Requested: _____ **Term Requested:** _____

Reason for Request

Check one of the boxes below. Attach a personal statement along with any relevant documentation to support your statement and reason for your request.

☐ **Academic Standing** (Was Suspended or Dismissed)

☐ **Major Sequencing/Restrictions**

☐ **Disability**

☐ **Military**

☐ **Medical Reason** (See below)

☐ **Other documented reason beyond your control**

Academic Petition for Medical Reasons: The following documentation must accompany requests citing medical reasons:

- Physician/Clinician's written statement to include; Diagnosis (DCM / ICD, prognosis and dates of treatment.
- The statement/documentation must be on official letterhead **(not a prescription notepad)**.
- The statement/documentation must include the doctor's name, title, date and signature
- The doctor's statement must explain how the medical condition will impact coursework and the reasons why.

Student Signature: _____ Date: _____

Departmental Use Only—DO NOT write in this area.

□ **Approved** □ **Denied** □ **Deferred** □ **No Action** _____

Signature of College Representative **Date**

Comments to Student:_____

_____

_____

_____

Internal Comments: _____

_____

Student Notified on: _____/_____/_____ by: e-mail phone in-Person. Entered into Banner on: _____/_____/_____by _____