

Form 8: Additional Attempt Petition

The FAU Repeat Course Policy limits students to two lifetime attempts (including withdrawal) in any course. Students are only given **consideration** for a third attempt for documented **extreme extenuating circumstances**.

Instructions

1. Fill out this form completely before submitting. Incomplete forms and forms without documentation attached will *not* be reviewed.
2. You **must attach** a personal statement and/or supporting documentation of claim or hardship.
3. Submit petition and all documentation to Student Academic Services via 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. Petition appeals must be submitted within 10 business days of the initial petition decision date.

Student Information:

Name: _____ Student Z Number: _____

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

Also requesting an extension of one term pbus completion contract? (Check with advisor if not sure.) Yes No

Type of Course (Select one):

- ☐ Math course: Student must enroll in Math Boot Camp; authorization will be given by MBC staff if petition is approved.
- ☐ Other course

Course Information:

Course Prefix and Number

Term Requested

Number of Previous Attempts

Reason for Request—Check One of the Boxes Below:

You must provide relevant documentation for the reason you select. If documentation is unavailable, a personal statement may be considered in *some* cases. Petitions without documentation and/or a personal statement will *not* be reviewed.

- ☐ **Physical/Mental illness or injury:** Illness of a student of such severity or duration that precluded previous success of courses. Must attach physician's written statement on official letterhead with the physician's name, title, and signature. Statement must include diagnosis (DCM / ICD), prognosis, dates of treatment, and explanation of how and why the medical condition will impact course work.
- ☐ **Death of immediate family member:** includes parent, spouse, sibling, grandparent, child or legal guardian.
- ☐ **Military:** involuntary call to duty
- ☐ **Documented court appointed primary care giver for immediate family member**
- ☐ **Victim of a crime**
- ☐ **Incarcerated**
- ☐ **Other documented reason beyond your control** (Briefly specify below; attach a personal statement explaining details):

I have attached the following documentation: _____

Student Signature: _____ Date: _____

Departmental Use Only—DO NOT write in this area.

☐ Approved ☐ Denied ☐ Deferred ☐ No Action

Assistant Dean or Director Signature

Date

Comments to Student: _____

Internal Comments: _____

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