

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** which include:

- Physical/Mental illness or injury: Illness of a student of such severity or duration that precluded previous success of courses
- Death of immediate family member to include parent, spouse, sibling, grandparent, child or legal guardian
- Involuntary call to Military Duty
- Documented court appointed primary care giver for immediate family member
- Victim of a crime
- Incarcerated

Petitions must include a personal statement and official documentation of one of the extreme extenuating circumstances listed above. **If documentation is not provided, the petition will not be accepted.**

This form is for use by officially declared pre-business and business majors.

Student Information:

Name: _____ Student Number: Z _____

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

Instructions

- 1) Submit this form along with personal statement and documentation to Student Academic Services at the Boca Campus (Fleming West, room 102, fax: 561-297-3978), the Davie Campus (Liberal Arts Bldg. room 444, fax: 954-236-1298), or via e-mail to COBAdvising@fau.edu.
- 2) 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.

Type of Request (Select one):

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

Course Information:

Course Prefix and Number

Term Requested

Number of Previous Attempts

By signing below, I understand that, if approved, **this will be my final opportunity to successfully complete this course**. I understand that if there are extenuating circumstances that may require me to withdraw from the course, I must make an appointment with my academic advisor to discuss my options prior to taking any action.

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 _____