The Policies and Procedures for the Appeal to Drop have been established by Florida Administrative Code 6C-7.002. The University Appeals Committee will approve a refund of tuition/deletion of fee liability for a semester if circumstances, determined by the University as exceptional and BEYOND THE CONTROL OF THE STUDENT, prevent the student from completing a semester. All appeals must be filed no later than six months after the end of the term in which the course was registered. The University cannot grant exception to this deadline.

Requests must meet one of the conditions below to be considered and must be documented:

(a) **Medical**
(b) **Death in the Immediate Family** (spouse, child, sibling, parent, or grandparent)
(c) **Involuntary Call to Active Military Duty**

**FINANCIAL AID STUDENTS:** Approval of this appeal WILL affect your Financial Aid for the term; a portion or all Financial Aid received may have to be returned.

**APPEAL TO DROP STEPS** - Failure to follow these instructions may result in a delay or DENIAL of your appeal.

**Step 1 (All Appeals):** If the deadline to drop has not passed for the semester you desire to appeal, it is recommended that you drop the course(s). All deadlines are published on the Academic Calendar, which can be found at http://onestop.fiu.edu.

**Step 2 (All Appeals):** Complete the Appeal to Drop Form and compose a brief typed statement regarding the reason for your appeal.

**Step 3 (All Appeals):** Gather the appropriate supporting documentation for your appeal (details below):

- **Medical:** a letter from the student’s physician or medical provider on letterhead.
- **Death in the Immediate Family:** family member’s death certificate and appropriate documentation (example: birth certificates) which indicates the student’s relationship with the deceased.
- **Involuntary Call to Active Military Duty:** a copy of the student’s military orders.

**Step 4 (All Appeals):** Submit the Appeal to Drop Form and personal statement to the OneStop in PC 130. Students who are appealing for reasons of a death in the immediate family or involuntary call to active military duty should also submit their supporting documentation to the OneStop. Students who are appealing for medical reasons should only submit the form and the personal statement to the OneStop.

**Step 5 (Medical ONLY):** Submit a copy of the Appeal to Drop Form, personal statement and supporting documentation to the Student Health Center room 150. Medical documentation will remain confidential and will not be included in the file forwarded to the Appeals Committee.

**Step 6 (All Appeals):** The decision making process will take approximately 6-8 weeks. Students are notified of the Appeals Committee’s decision in writing. If approved, the course(s) indicated on the Appeal to Drop Form will be removed from the student’s record and a notation indicating that an appeal was approved will be included on the student’s transcript. In addition, approved appeals will result in the removal of tuition and related fees for the selected course(s). This may result in a refund issued to the student OR may require the student to pay back any financial aid funds received for the course.

**FIU Office of the Registrar/OneStop**
Attn: Appeals Committee, PC 130
11200 SW 8th Street
Miami, FL 33199

**FIU Student Health Center**
Attn: Medical Appeals, Room 150
11200 SW 8th Street
Miami, FL 33199

**For Additional Information about the Appeal to Drop process,** please contact Gina Silva at 305.348.4131 or silvag@fiu.edu.

Updated: 12/10/2013 CF
Panther ID Number

Semester and Year Course(s) Taken: _____________________________________________

Name: _________________________________________________

Street Address: _________________________________________________________

City: ____________________________________________________________

State: _______ Zip Code: _____________________________________

Phone: ___________________________

FIU Email: ______________

Part One: Indicate which type of appeal you are requesting (Select One):

☐ Medical (Documentation of the situation MUST be presented in writing from the physician or medical provider)

☐ Death in the Immediate Family (Immediate family includes spouse, child, sibling, parent, or grandparent - MUST submit a death certificate and appropriate documentation to indicate student’s relationship with the deceased).

☐ Involuntary Call to Active Military Duty (MUST submit copy of military orders)

Part Two: Attach a typed statement explaining the reasons for your appeal.

Part Three: Answer the following questions to the best of your ability:

Did you pay for the course(s) out of pocket? ☐ Yes ☐ No

Have you applied to graduate this semester? ☐ Yes ☐ No

Did you receive Florida Prepaid for the course(s)? ☐ Yes ☐ No

Are you an International Student with a F1 or J1 Visa? ☐ Yes ☐ No

* Financial aid includes grants, loans, and scholarships. If you have financial aid, approval of this appeal WILL affect your financial aid award. You may have to return a portion or all aid received.

Part Four: List the courses to be considered for this appeal. You may select any or all courses within a given semester.

<table>
<thead>
<tr>
<th>Prefix (Subject)</th>
<th>Course No.</th>
<th>Section</th>
<th>Credits</th>
<th>Course Title</th>
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To the best of my knowledge, the above information is complete and correct, and the documentation is true and authentic. I understand that my appeal will only be reviewed if completed in its entirety. I understand that if all of the information is not submitted, my appeal will be automatically denied. If the reason for my appeal is medical, I hereby give consent for the FIU Medical Director to discuss the medical basis of my appeal with my professors(s) as needed in order to render a decision. I understand that the appeal process normally takes 6-8 weeks. I understand that the decision of the committee is final. I have read and understood the policies and procedures associated with this appeal.

Student Signature: _____________________________________________________

Date: ________________________

For Office Use Only

Approved ☐ Denied ☐ No Action ☐

Initials: ___________

Comments: ___________________________________________________________