Student petitions are filed for consideration of exception to a University policy. The Policies and Procedures for the Student Petition have been established by Florida Board of Governors Regulation 7.002(11). Drop requests received later than six months after the end of the term in which the courses were registered will only be considered for DR grades.

TO BE COMPLETED BY THE STUDENT:

Panther ID Number

Date: ________________________________

Affected Semester: ________________________________
(For multiple terms, submit a student petition for each term.)

Last Name: ________________________________  First Name: ________________________________

Phone: ________________________________  FIU E-mail: ________________________________@fiu.edu

Part One: Indicate which type of petition you are requesting (select one):

☐ Add a class or additional credits after the deadline. Continue to Part Three and Part Four to list courses to be added.

☐ Drop or withdraw after the deadline. Continue to Part Two to indicate reason for drop.

☐ Other. Explain: ________________________________

Part Two: Attach a typed statement explaining the reason for your petition. Be specific about the reason for your request and desired outcome. It is required that appropriate supporting documentation be attached (details below).

☐ Medical (Submit the Medical Support Form, completed by attending health care provider)

☐ Death in the Immediate Family (Immediate family includes spouse, child, sibling, parent, or grandparent – Must submit family member’s death certificate and appropriate documentation (i.e. birth certificates) to indicate the student’s relation to the deceased)

☐ Involuntary Call to Active Military Duty (Must submit copy of military orders). Does not include requesting active duty or annual training.

☐ Other

Part Three: List the courses to be considered for this petition. You may select any or all courses within a given semester. Dropping co-requisite courses will require the department’s stamp of approval.

<table>
<thead>
<tr>
<th>Indicate Add or Drop</th>
<th>Class Number:</th>
<th>Subject:</th>
<th>Course Number:</th>
<th>Section #:</th>
<th>Grade Option:</th>
<th>Credit Hours:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>12345</td>
<td>ENC</td>
<td>1101</td>
<td>U01</td>
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</tbody>
</table>
**Part Four**: ONLY COMPLETE for late adds and increase in the number of course credits. Otherwise, skip to Part Five. Add requests within the second week of classes will require the professor’s signature and the academic department stamp. Requests made after the second week of classes will require the professor’s signature, academic department stamp, and the dean’s signature. For multiple additions, faculty can sign next to the course information and provide the academic department stamp in any available space on the form.

<table>
<thead>
<tr>
<th>Professor’s Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor’s Name</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

___ Student needs course to graduate. Department stamp required.
___ Other (Please specify reason for add/drop on separate document). Department stamp required.

| Dean’s Name | Signature | Date |

TO BE COMPLETED BY ONESTOP STAFF:

**Approving of this drop petition will result in the student repaying an estimate minimum of:**

$______ OneStop Staff Initial: __________ Date: __________

Students receiving veterans benefits will be responsible to return all VA funding through the GI Bill or tuition assistance. Final amount may differ from the estimated amount.

- Are you an International Student with an F1 or J1 Visa? [ ] Yes [ ] No
- Are you receiving veteran benefits? [ ] Yes [ ] No
- Are you a student athlete? [ ] Yes [ ] No

**Part Five**: The above information is complete and correct, and the documentation is true and authentic. I understand that the decision of the committee is final. I have read and understood the policies and procedures associated with this petition.

Student’s Signature: __________________________ Date: __________

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**For Office Use Only**

- Approved
- Denied
- No Action
- Initials: __________

Comments:

Date Received Stamp: __________