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

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.

☐ Drop or withdraw after the deadline. Continue to

Two to indicate reason for drop.

courses to be added.

☐ 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 heath 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

SUBMISSION INSTRUCTIONS

1) Submit form to a OneStop Enrollment Coordinator in:

MMC, SASC Building, 1st Floor; Phone: 305-348-7000

BBC, AC1 100; Phone: 305-348-7000

Rev.18
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: ENC</th>
<th>Course Number: 1101</th>
<th>Section #: U01</th>
<th>Grade Option</th>
<th>Credit Hours</th>
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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, advisor 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.

Professor’s Name                               Signature                               Date

Advisor’s Name                                 Signature                               Date

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: _______________________________

For Office Use Only

Approved   Denied   No Action   Initials: _______

Comments: ..................................................................................................................

Date Received Stamp