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:

Date: ____________________________

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. 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 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

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.

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
POLICIES AND PROCEDURES FOR THE STUDENT PETITION/ADD

Indicate Add or Drop

<table>
<thead>
<tr>
<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>
<td>12345</td>
<td>ENC</td>
<td>1101</td>
<td>U01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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.

<table>
<thead>
<tr>
<th>Dean’s Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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: ____________________

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
POLICIES AND PROCEDURES FOR THE STUDENT PETITION/ADD

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

For Office Use Only

Approved    Denied    No Action    Initials: ___________

Comments: ____________________________________________________________

Date Received Stamp