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 or Part Four to list courses to be added.

☐ Drop or withdraw after the deadline. Continue to select which administrative action, then proceed to Part Two to indicate reason for drop.

☐ Removal of Grade and Course (Not available after six months after end of term):
  Tuition Charges are removed.
  Financial Aid will be adjusted.
  Financial Aid Refund MAY have to be returned.
  Housing Charges are NOT removed.
  Course(s) will NOT count towards excess credit, repeat surcharge, and SAP-PACE.
  Grades removed MAY affect GPA.

☐ Replacement of Grade with a DR Grade:
  Tuition Charges are NOT altered.
  Financial Aid MAY be adjusted.
  Financial Aid Refund does not have to be returned, except when all courses are dropped.
  Course(s) will count towards excess credit, repeat surcharge, and SAP-PACE.
  DR Grades will NOT affect GPA.
  Any outside or third party payments, including housing charges, contact the appropriate department.

☐ 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 (Circumstances determined by the University to be exceptional and beyond the control of the student.)

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

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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</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>
<td>Add</td>
<td>12345</td>
<td>ENC</td>
<td>1101</td>
<td>U01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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, 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 understand and agree to the policies and procedures associated with this petition. Please note that a student cannot request a petition after their degree has been posted.

Student’s Signature: ____________________________________________ Date: __________________________

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