



**PETITION FOR FOURTH ATTEMPT
OF A CF COURSE**

Per Florida Administrative code 6A-14.0301, a fourth attempt of a CF course will be allowed only through academic appeal based on **major extenuating circumstances**. To petition for a fourth attempt, complete this form and return it to the Enrollment Services Center. **Petitions must be received in the Registrar's Office by the last day to add for the session in which approval is sought. If your petition is approved, you will be assessed the full cost of instruction (out-of-state fees) for the fourth attempt.**

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/PO Box City State Zip Code County

Email: _____

I request permission to retake _____ **during the** _____
Course Name and Academic Code No. Semester/Year

semester for the _____ time because of the extenuating circumstances which are explained below.
No. of Attempts

On page 2 please describe **each attempt** in **DETAIL** and **attach relevant documentation** explaining why you were not successful in previous attempts. Also describe the steps you are taking to ensure success if you receive approval to enroll again. If you are seeking transient status, please state which school you are planning to attend and explain the reason for attending the other institution.

Reason for Request:

- Medical or legal (attach documentation) Family emergency (attach documentation)
 Difficulty with subject matter (attach tutoring plan) Other _____

 Student Signature

 Date: MM/DD/YY

Submit request to the Enrollment Services Center. Allow three business days for processing.

Enrollment Services Center use only.	
Is the appropriate documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ES Initials: _____	Date _____

Office of Admissions and Records use only.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Supporting Documents:

Registrar Signature: _____	Date of Decision: _____
Processed by: _____	Date Processed: _____

Please describe **each attempt** in **DETAIL** and **attach relevant documentation**.

Attempt No. 1:

Attempt No. 2:

Attempt No. 3:

Please describe the steps you are taking to ensure success if you receive approval to enroll again.