



**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

In an attached letter, 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.

**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 10 business days for processing.**

<b>Advising Center use only.</b>	
Is the appropriate documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
<small>Advisor Initials</small>	<small>Date</small>

<b>Office of Enrollment Services use only.</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Supporting Documents:	_____
_____	_____
_____	_____
Registrar Signature: _____	Date of Decision: _____
Processed by: _____	Date Processed: _____