



**NOTICE OF INTENT TO APPEAL
PETITION FOR WITHDRAWAL**

Appeals accepted only within 21 days after the date of the petition denial letter.

CF ID No.: _____

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

Telephone No.: _____

I wish to appeal the denial of my Petition for Withdrawal submitted for

_____ semester of _____ .
Fall/Spring/Summer Year

I request that the Academic Exceptions and Petition Review Committee hear my appeal at its next meeting. In this appeal, I will provide new information and/or documentation to support my petition. I understand that the committee expects me to appear at the date and time that my appeal is considered.

- I will appear at the Ocala Campus Building _____, Room _____, to appeal in person.
- I will appear at the Citrus Campus Welcome Center Conference Room to make my appeal via ITV or telephone conferencing.

Student Signature Date MM/DD/YY

Your appeal to the Academic Exceptions and Petitions Review Committee will be heard on

_____ at _____ at the campus location you designated above.
Date: MM/DD/YY Time

CF Staff Signature Date: MM/DD/YY

I acknowledge receipt of this appointment for my appeal.

Student Signature Date: MM/DD/YY

<input type="checkbox"/> Petition Granted	<input type="checkbox"/> Petition Denied	Date: _____ MM/DD/YY
Other Action: _____		
Action Review Committee Chairperson Signature: _____		
Processed By: _____		
Student Records Staff Initials	Date: MM/DD/YY	Student notified on: MM/DD/YY
Copies: <input type="checkbox"/> Student Records (Orig.) <input type="checkbox"/> Financial Aid <input type="checkbox"/> Vice President <input type="checkbox"/> Business Office		