



**STUDENT REQUEST FOR AN EXCEPTION
TO THE COURSE REPEAT FEE**

CF ID No.: _____

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

Semester: _____ Year: _____
Year

Telephone No.: _____ Email: _____

I. Which campus are you attending? Ocala Citrus Levy

II. Prep course for which you are requesting an exception:

Check all that apply.

<input type="checkbox"/>	College Prep Math	MAT 0057	Section	
<input type="checkbox"/>	College Prep English I	ENC 0015	Section	
<input type="checkbox"/>	College Prep English II	ENC 0025	Section	
<input type="checkbox"/>	College Prep Reading I	REA 0007	Section	
<input type="checkbox"/>	College Prep Reading II	REA 0017	Section	
<input type="checkbox"/>	Other Course Number		Section	
<input type="checkbox"/>	Other Course Number		Section	
<input type="checkbox"/>	Other Course Number		Section	

Please remember a statement explaining the circumstances of the situation is REQUIRED; however, that alone is not sufficient. Other supporting documentation must be attached. See Page 3 for examples of documentation.

III. Describe the effort you were making to succeed in the class (e.g., attendance, assignments, etc.). Use additional page if necessary. _____

IV. Are you claiming financial hardship? Yes No

If yes, official documentation and explanation **MUST** be attached. See Page 3 for examples of documentation.

V. Are you claiming an extenuating circumstance? Yes No

If yes, documentation and explanation **MUST** be attached. See Page 3 for examples of documentation. Check all that apply.

- Illness confirmed by a physician.
- Call to military duty.
- College error.
- Death or serious illness of an immediate family member.
- Change initiated by the college.
- Other: please explain below or on an additional page.

Please submit this application with appropriate documentation to the Enrollment Services Center, Ocala Campus, Bryant Student Union, Room 102, or Citrus Campus.

I certify the above and attached information is true to the best of my knowledge and I have read the information on Page 3 of this form.

Student Signature: _____ Date: _____
MM/DD/YY

Enrollment Services Center use only:

Is the appropriate documentation for the request attached? Yes No
Is this a third attempt (or greater) for this course(s) at CF since 1997? Yes No

Enrollment Services

Initials: _____ Date: _____
MM/DD/YY

Office of Admissions and Records use only:

Approved Denied Supporting Documents: _____
Registrar Signature: _____ Date of Decision: _____
Processed by: _____ Date Processed: _____

