

CLAS WAIVER PETITION
OFFICE FOR STUDENTS WITH DISABILITIES
FLORIDA ATLANTIC UNIVERSITY

DIRECTIONS - To apply for a waiver of a subtest of CLAS due to a disability, you must have

- _____ **Completed the Gordon Rule requirement courses (or approved substitution courses) related to the section of CLAS for which the waiver is being requested.**
- _____ **Attempted in good faith to pass Accuplacer/CPT at least once utilizing approved accommodations.**
- _____ **Completed formal remediation or tutoring before attempting the Accuplacer/CPT.**

Additionally, you must submit the following documents to the **Office for Students with Disabilities** (Boca - SU 133; Davie - LA 240; Jupiter - SR 117; Port St. Lucie - JU 312):

- _____ **Completed CLAS Waiver Petition Form**
- _____ Completed and signed Gordon Rule Requirement Certification form (must be completed by your department or college academic advisor).
- _____ Current FAU transcript (unofficial copy is acceptable)
- _____ If you are a college transfer, you **must provide an OFFICIAL transcript** from that college if these grades are not recorded on your FAU transcript.
- _____ Letter or supporting materials that document formal remediation or tutoring before an attempt of the Accuplacer/CPT. Formal remediation includes Accuplacer/CPT prep coursework at PBCC, BC, FAU's Continuing Education program, Multicultural Affairs, etc.; or a series of tutoring sessions from a private tutor.
- _____ Personal statement describing the effects of your disability related to the completion of the specific section of CLAS for which you are requesting a waiver. (Please submit in type written format)
- _____ Documentation of disability (if already on file in OSD, not needed again)

We recommend that you meet with your OSD counselor to review your petition documents before submitting them for the committee's review. If you have any questions you can contact the Office for Students with Disabilities in Boca at 561.297.3880, in Davie at 954.236.1222, in Jupiter 561.799.8585, or Port St. Lucie 772.873.3441.

CLAS WAIVER PETITION FORM
OFFICE FOR STUDENTS WITH DISABILITIES
FLORIDA ATLANTIC UNIVERSITY

Date of Request: _____ Student's Z#: _____

Student's Name: _____

Address: _____

Phone: _____ Number of credits for current term: _____

Major: _____ College: _____

Nature of Disability: _____

Are you registered with the Office for Students with Disabilities? **Yes or No**

If no, you must first register with OSD before submitting this petition.

*******COURSE INFORMATION*******

CLAS section for which you are seeking a waiver: _____

Number of attempts you have made to pass this section: _____

Please indicate assistance received while taking the Gordon Rule courses related to this section (tutors, interpreters, special equipment, classroom accommodation, exam adjustments, etc.):

*******BACKGROUND INFORMATION*******

Are you a transfer student? ___ yes ___ no with AA degree: ___ yes ___ no

If you are a transfer, from which college(s): _____

Number of credits completed at FAU: _____ FAU GPA: _____

Scores from college level tests:

SAT: _____ verbal _____ math _____ Total

ACT: _____ English _____ math _____ reading _____ Total

CLAST: Date first taken _____

ACCUPLACER/CPT: Date first taken _____

Please give highest scored obtained on each section:

_____ math _____ reading _____ English skills _____ essay

HIGH SCHOOL RECORD: List the courses you took in high school which are in the same academic area as CLAS section for which you are requesting a substitution:

course: _____ grade: _____

course: _____ grade: _____

course: _____ grade: _____

course: _____ grade: _____

Have you applied for and/or received a course substitution at another university or community college? _____ Was your petition for a substitution granted? _____

If so: What was the course? _____

Which college? _____

CLAS TUTORING RECORD: List any tutoring you have received or formal remediation courses you have taken for this CLAS section: _____

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GORDON RULE REQUIREMENT CERTIFICATION
(to be complete by a department or college representative)

Student's name: _____ **Z#:** _____

TERM	COURSE NUMBER	TITLE	INSTITUTION	GRADE	NUMBER/WORDS (Writing requirement)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REQUIREMENTS REMAINING FOR FAU DEGREE:

ANTICIPATED DATE OF GRADUATION: _____

NAME OF DEPT/COLLEGE REPRESENTATIVE COMPLETING FORM

SIGNATURE OF DEPT/COLLEGE REPRESENTATIVE

DATE