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#: __________________________

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<th>TERM NUMBER</th>
<th>COURSE NUMBER</th>
<th>TITLE</th>
<th>INSTITUTION</th>
<th>GRADE</th>
<th>NUMBER/WORDS (Writing requirement)</th>
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REQUIREMENTS REMAINING FOR FAU DEGREE:
_______________________________________________________________

ANTICIPATED DATE OF GRADUATION: ________________________________

NAME OF DEPT/COLLEGE REPRESENTATIVE COMPLETING FORM

SIGNATURE OF DEPT/COLLEGE REPRESENTATIVE ______________________ DATE ____________

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Rev 10/09