



College of Architecture, Urban & Public Affairs  
Dorothy F. Schmidt College of Arts & Letters  
College of Business  
College of Education  
Harriet L. Wilkes Honors College  
Christine E. Lynn College of Nursing  
Charles E. Schmidt College of Science

## College of Education UNDERGRADUATE PETITION

**DO NOT USE** this form if you plan to withdraw from **all** classes in the current term due to a **Medical hardship, Military obligations or Death in the immediate family**. Please contact Dean of Student Affairs, located in Building 8, rm.226

Student's Name \_\_\_\_\_ Z# \_\_\_\_\_

Major or College \_\_\_\_\_ E-mail \_\_\_\_\_

Decisions are sent to this FAU email address

Address \_\_\_\_\_

Local Telephone # \_\_\_\_\_

**Step 1: Read both sides** of this petition carefully and complete only this side.

**Step 2:** Please submit this form to your college representative along with a **typewritten statement** of your request describing the extenuating circumstances of the option you check below **and documentation** such as medical records, letters from professors, instructors etc. **Petitions are not considered complete without the required documentation and will be deferred for two weeks, after which the information will be returned to the student.**

### Step 3:

(for college use only)

#### *I am requesting:*

- |  |   |
|--|---|
| <input type="checkbox"/> Last 30 Hours Upper Division Course Work                        | <input type="checkbox"/> Change in Sections _____   |
| <input type="checkbox"/> Waiver of the Upper Division Credit Hour Graduation Requirement | <input type="checkbox"/> Change of Grade Type _____ |
| <input type="checkbox"/> Approval of Non-Degree Credit Hours                             | <input type="checkbox"/> Waive 9 Hour Summer Rule   |
| <input type="checkbox"/> Late Add a class _____  | <input type="checkbox"/> Late Withdrawal _____      |

\_\_\_\_\_  
List Term, Course, Prefix, Sect. & Credit

\_\_\_\_\_  
List Term, Course, Prefix, Sect. & Credit

☐ Total Withdrawal for a Specific Term \_\_\_\_\_

☐ Reinstatement into FAU\* Term requested

\*If you have attended another college or university since your last enrollment at FAU, please list and request that official transcripts be sent directly from the Registrar to the Office of the Registrar at FAU.

\_\_\_\_\_  
(College or University)

\_\_\_\_\_  
(Dates of Attendance)

☐ Other: \_\_\_\_\_  
(College use only)

**Certification:** *I hereby certify that these facts are true and accurate to the best of my knowledge.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## GUIDELINES

1. Fully explain your reason for petitioning on a **typewritten statement**.
2. Letters from employers, business and university officials should be on **appropriate letterhead**.
3. If you drop a course due to medical reasons, you will need to provide medical records that provide your dates of appointments, diagnosis, and prescribed care. An excuse from a class does not constitute medical documentation.
4. Make and keep copies of all documentation for your records prior to submitting your petition. **We will not make copies or return documentation to you.**
5. Approval to drop a course(s) DOES NOT mean an approval for refund of fees. Please contact the Controllers Office located in Building 80, Room 227 for a Fee Petition.
6. Students on Financial Aid are responsible for notifying the Office of Financial Aid regarding any changes to their schedule.
7. PLEASE NOTE THAT THE FOLLOWING REASONS ARE NOT ACCEPTABLE TO DROP OR WITHDRAW FROM A CLASS: 1) YOU ARE FAILING OR NOT DOING WELL IN THE CLASS; 2) YOU HAVE CHANGED YOUR MAJOR AND NO LONGER NEED THE CLASS; 3) YOU NEED TO PROTECT YOUR GPA.

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### For College Office Use Only UNDERGRADUATE PETITION NOTIFICATION

**Petition Decision:**   ☐ **Approved**  
                                  ☐ **Denied**  
                                  ☐ **Deferred**

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of College Representative \_\_\_\_\_ Date \_\_\_\_\_

Final Action: \_\_\_\_\_

\_\_\_\_\_

If you have any questions concerning this action, please contact your College Representative.

**College's, please submit original documents to the Office of the Registrar (Shirley Henize), SU 80, Room 145**