

**SOUTH FLORIDA COMMUNITY COLLEGE
THIRD/FOURTH ATTEMPT
SPECIAL EXCEPTION REQUEST**

Name _____ Date of Birth _____

SFCC Student ID #: _____

Address _____ Phone:(Home) _____

_____ (Work) _____

REQUEST (Check One):

____ Third Attempt –Waive additional fees (full cost of tuition)for:

Course Name _____ Number _____

____ Fourth Attempt (additional course fees cannot be waived) for:

Course Name _____ Number _____

SPECIAL EXCEPTION MAY ONLY BE GRANTED FOR EXTENUATING CIRCUMSTANCES AND FINANCIAL HARDSHIP. Describe in detail your justification for request (PROVIDE APPROPRIATE DOCUMENTATION):

Student Signature: _____ Date: _____

Committee Decision: Approved _____ Denied _____ Date: _____